requires that the death certificate be

O HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the hospital or attending physician.

and 2 should be filed with completely filled in by the executed within 24 hours ofte

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and coi should be detached for use as the burial-transit permit. Then please remove corbon-papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

	1.	FOR STATE REGISTRAR	DE		EALTH AND MENTAL HY	GIENE 8 5	10514
		CEASED NAME DENN E OR PRINT) PENN	NIS MIDDLE	IAnk	enship	20 DATE OF DEATH MONT	16/83 615 A
	3 SE	X	4 RACE	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY	MUNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
50	7. 0	IRTHPLACE (STATE OR FOREIGN	WHITE The CITIZEN OF WHAT COU	DITTOVO I	10 \$10 \$30		YRS.
1-3		COUNTRY)	LA S A	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO	11/01
\rightarrow		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		DR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
2/	1	Kton	(IF NOT IN SUCH FACILITY, GIV	ALIONI	HOSPITAL	ASVEM 6/1	KING LIFE) INDUSTRY AUTO MANUF
35	13a S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN	NTY 13c. CITY O		13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	1 0 = 21915
n		ATHER'S NAME		PEARE (11)	15. MOTHER'S MAIDEN NA	71 BASI	1 11057
//	6	BOUD.	Blanks	ENCHID	PERRI	MIDDLE	1 10 Tale 14
1	16a V	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b. SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS	141/1- 4
/	(1151	EAN 234-	42-8957	SUSAN BI	ANKENSHIP	(SAME)
	NOI	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIATED IMM	DBY: TE CAUSE (0) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NSEQUENCE OF	Reputers The the term NOT RELATED TO THE TERM	Carenor Carenor	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	n was performed	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I ORPARI 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		220.1 certify that (1) (this hospi sow the deceased alive on above (1) we (did) (did no	4/5	1083	1 - 20 - 19 67 nd that in (my) (our) opinion	deoth occurred on the date or	that (1) (we) lost down ond from the causes stated
2		22b. SIGNATURE	and S		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN [224. DATE SIGNED
		22d PHYSICIAN'S HAME (THE O	(MANU)	0	22e ADDRESS		
1	23a E	BURIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	COUNTY STATE
	24 51	BURIAL	3-9-83	GILDIN	MANON MEMP	K. ElKTON	CEcil md.
	29 FU	UNERAL DIRECTOR	77-1	Sitter	A	PR 1 4 1003	TRAR'S SIGNATURE
	LK	.T. FOARD	FUNERAL HOM	E, EHRSA	PUBLISCITY MA.	1 2 2000	

FUNERAL HOME, CHESAPORKEC

STATE OF MARYLAND

DHMH - 16 50M 1/81 (VRA 15, 4)

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requires that the death certificate be executed within 24 hours

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

CERTIFICATE OF DEATH

FOR STATE

tar, page 3 after death

land 2 sl

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and ci should be detached far use as the burial-transit permit. Then please remove carbon popers. Pages ' with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

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SIENE	8	3	0	5	1	8

							REG.	NO.			
(ITPE	CEASED NAME	FIRST	MIDD	DLE	LA	12	20 DATE OF DEATH	MONTH	DAY	YE AR	26 HOUR
	OR PRINT)	JAMES	/ . K		10 B	OYD		41	12	83	3.6
3. SE>	X	4 RA			5. DATE OF	F BIRTH	6 AGE (IN YEARS LAST)	SIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 2
1	Male		White		MONTH	DAY YEAR	74		MONTHS	DAYS	HOURS
7a BI	RTHPLACE (STATE OR		ITIZEN OF WH.	AT COUNTRY?	10	10 08	9. BALTIMORE CHTY	OP COLINI	Y OF DE	ATH	
(nnsylvania		USA	.,, ., ., ., ., ., ., ., ., ., ., ., .,		■ NEVER MARRIED		2 0	/	1	9
	TY OR TOWN OF DEA			PITAL NURSIN	WIDOWED	DIVORCED ROTHER INSTITUTION	12a USUAL OCCUPA	TION	126	KIND O	F BUSINES
] , 1	Elkton	(Union	Hospit	address)		Owner - Bo	OF WORKING	LIFE) IND	USTRY	BOSINES
13a. S		136 COUNTY		. CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
	ry land	Cecil		Elkton		YES NO X	163 Kenne	dy Bl	vd.		219
1	FIRST	MIDDLE	E	LAST		15. MOTHER'S MAIDEN NA	WE			LAST	
1	Francis	-		Boyd		Jean	-			Ke	rr
(Y	VAS DECEASED EVER	I (IF YES GIVE WAR	OR DATES)	SOCIAL SECUR		17. INFORMANT	ADD	RESS			
	Yes	1925-2	9 2	16-05-3	1971	Mrs. Margar	et K. Boyd,	Elkt	on, l	Md.	2192
		,	(c)			110216	ension				
CATION	PART 2. OTHER SIGN					NOT RELATED TO THE TERM		20b. IF YE	S, WERE	FINDIN	GS USED
RTIFICATION	190 DATE OF OPERA	TION	196. CONDITIO	N FOR WHICH (NOT RELATED TO THE TERM	700 AUTOPSY? YES NO	20b. IF YE IN CERTI	S, WERE IFYING C	FINDIN AUSES (
L CERTIFICATION		DERLYING 7	196. CONDITIO	N FOR WHICH (OPERATION	NOT RELATED TO THE TERM	700 AUTOPSY? YES NO	20b. IF YE IN CERTI	S, WERE IFYING C	FINDIN AUSES (GS USED OF DEATH
	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	DERLYING 2 CAUSE OF DEATH CAL EXAMINER)	21b. TIME OF IN HOUR A.M. P.M.	n for which (Jury Month da	OPERATION NY YEAR 19	WAS PERFORMED 21c. HOW INJURY OCCUR	700 AUTOPSY? YES NO	20b. IF YE IN CERTI	S, WERE IFYING C	FINDIN AUSES (GS USED OF DEATH
MEDICAL CERTIFICATION	190 DATE OF OPERA 210, ACCIDENT WAS UNIT OR CONTRIBUTING (15 EITHER NOTIFY MEDI 210, INJURY OCCUR!	DERLYING ACAUSE OF DEATH CALEXAMINER) RED 2	21b. TIME OF IN HOUR A.M. P.M.	n for which (Jury Month da	OPERATION AY YEAR 19	NOT RELATED TO THE TERM	700 AUTOPSY? YES NO	20b. IF YE IN CERTI Y	S, WERE IFYING C	FINDIN AUSES (GS USED OF DEATH
	190 DATE OF OPERA 210, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTHEY MEDIT 210, INJURY OCCUR! WHILE NOT WHAT WORK NOT WHE	DERLYING ACAUSE OF DEATH CALEXAMINER) RED 2 IIIE (RK	21b. TIME OF IN HOUR A.M. P.M. RIE PLACE OF I	N FOR WHICH (IJURY MONTH DA NJURY FACTORY OFFICE, FA	OPERATION AY YEAR 19	WAS PERFORMED 21c. HOW INJURY OCCUR	200 AUTOPSY? YES NOTER NATURE OF IN	20b. IF YE IN CERTI Y	S, WERE IFYING C ES PART I OR I	FINDIN AUSES (PART 2)	GS USED OF DEATH NO
	218. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDI 21d. INJURY OCCUR! WHILE NOT WE AT WO 220.1 certify that (I) sow the decease	DERLYING	21b. CONDITIO	IJURY MONTH DA NJURY FACTORY OFFICE, FA	OPERATION AY YEAR 19 ARM EIC 1	WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION STREET	TO AUTOPSY? YES NOT NATURE OF IN CITY OF 1	20b. IF YE IN CERT! Y URY IN ITEM 18	PART I OR S	FINDIN AUSES (GS USED OF DEATH NO STA
	19a DATE OF OPERA 21a, ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTIFY MEDIT 21d. INJURY OCCUR! WHILE NOT WHAT WORK 22a.1 certify that (I)	DERLYING	21b. TIME OF IN HOUR A.M. P.M. RIE PLACE OF I (AT HOME STREET I	IJURY MONTH DA NJURY FACTORY OFFICE, FA	OPERATION Y YEAR 19 ARM EIC	WAS PERFORMED 21c. HOW INJURY OCCUR 211 LOCATION STREET 19 1 hot in (my) (dur) opinion EGREE ATTENDING	780 AUTOPSY? YES NOW RED (ENTER NATURE OF IN CITY OR 1 death occurred on the	20b. IF YE IN CERTIN Y URY IN ITEM 18. OWN	COL	FINDIN AUSES (GS USED OF DEATH NO STA
	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTHY MEDIL WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WORK NOT WHAT WOOK WOOK	DERLYING	21b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21c PLACE OF I IAT HOME STREET I ttended the de 2 1 2 3 w the body after Lal - ((N FOR WHICH O	OPERATION Y YEAR 19 ARM EIC) Ond	WAS PERFORMED 21c. HOW INJURY OCCUR 211. LOCATION STREET 19 that in (my) (Ger) opinion EGREE	AINAL DISEASE OR CO 280 AUTOPSY? YES NOW RED (ENTER NATURE OF IN CITY OR 1 death occurred on the	20b. IF YE IN CERTIN Y URY IN ITEM 18 OWN AFF	COL.	PART 2) JINTY , till om the c	GS USED DOF DEATH NO STA
MEDICAL	210. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTHY MEDI 21d. INJURY OCCUR! WHILE NOT WHAT WORK NOT WHAT WORK NOT WHAT WO 220.1 certify that (I) SOW the decess obove, (I) (we) (c	DERLYING CAUSE OF DEATH CALEXAMINER) RED Control	21b. CONDITIO 21b. TIME OF IN HOUR A.M. P.M. 21c PLACE OF I IAT HOME STREET I ttended the de 2 1 2 3 w the body after Lal - ((N FOR WHICH O	OPERATION Y YEAR 19 ARM EIC) Ond	WAS PERFORMED 21c. HOW INJURY OCCUR 211 LOCATION STREET 19 1hot in (my) (our) opinion EGREE ATTENDING PHYSICIAN	AINAL DISEASE OR CO 280 AUTOPSY? YES NOW RED (ENTER NATURE OF IN CITY OR 1 death occurred on the	20b. IF YE IN CERTIN Y URY IN ITEM 18. OWN	COL.	PART 2) JINTY , till om the c	GS USED DOF DEATH NO STA
WEDICAL 230 81	21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDIT 21d. INJURY OCCUR! WHILE NOTIFY MATINOON AT WOOD 22a. I certify that (I) SOW the decease above, (I) (We) (c)	DERLYING	P.M. PLACE OF IN A THE BODY OF	N FOR WHICH (IJURY MONTH DA NJURY FACTORY OFFICE, FA ecceosed from 19 17 18 19 19 19 19 19 19 19 19 19 19 19 19 19	OPERATION Y YEAR 19 ARM ETC) Ond	WAS PERFORMED 21c. HOW INJURY OCCUR 211 LOCATION STREET 19 1hot in (my) (our) opinion EGREE ATTENDING PHYSICIAN	AINAL DISEASE OR CO 280 AUTOPSY? YES NOW RED (ENTER NATURE OF IN CITY OR 1 death occurred on the	20b. IF YE IN CERTIN Y URY IN ITEM 18 OWN AFF	COL.	PART 2) JINTY , till om the c	GS USED DF DEATH NO STA
WEDICAL MEDICAL	210. ACCIDENT WAS UNI OR CONTRIBUTING (IF EITHER NOTIFY MEDI 210. IN JURY OCCUR! WHILE NOTIFY MEDI 220. I certify that (I) SOW the deceose above, (I) (WE) (c	DERLYING	21b. TIME OF IN HOUR A.M. P.M. RIE PLACE OF I AT HOME STREET I	N FOR WHICH (IJURY MONTH DA NJURY FACTORY OFFICE, FA Prideoth PATE 23(N	OPERATION Y YEAR 19 ARM EIC 1	WAS PERFORMED 21c. HOW INJURY OCCUR 21l. LOCATION STREET 19 1hot in (my) (our) opinion EGREE 71) —ATTENDING PHYSICIAN 22e. ADDRESS 123 S METERY OR CREMATORY 1111 Meth. Ce	RED (ENTER NATURE OF IN IDIRECTOR PHYS 23d LOCATION CITY OR TOWN	20b. IF YE IN CERTIFY URY IN ITEM 18 OWN AFF CIAN CIA	COLUMN TO THE COUNTY T	FINDIN AUSES (PART 2) JINTY JINTY DATE S JINTY Md	GS USED DF DEATH NO STORES STO

DHMH - 16 50M 1/B1 (VRA 15, 4)

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10. 21921	t k. soyd, (Lagon,	PT0. P0730F0	214-03-3971	1615-20	20
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FOR STATE REGISTRAR		DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE	8 3 REG.	NO.	1 0) 5	1	6
CEASED NAME	FIRST	MIDDLE	LAST	2e. DAT	E OF DEATH	MONTH	DAY	YEAR	2b. HO	UR
OR PRINT)		2.4								

	REGISTRAR						RE				
	CEASED NAME	FIRST		IDDLE		AST	2a. DATE OF DEA			YEAR	2b. HOUR
(1176	CORPRINT	ROBER	T	DARRI	ELL	BUSH	April				10:10
3. SE			ACE		5. DATE C		6. AGE (IN YEARS L	ST BIRTHDAY)	MONTHS	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
	Male		White		_	.13, 1919 TEAR	63		YRS.		
	IRTHPLACE (STATE OR			VHAT COUNTRY	/? 8 MARRIEI	NEVER MARRIED	9. BALTIMORE CI	_		EATH	
	Maryland		USA		WIDOWE		Cecil				М
	Perry Poi	nt,Md		OSPITAL, NURS FACILITY, GIVE STRE Medical		OR OTHER INSTITUTION	(TYPE OF WORK FOR A Mainter	OST OF WOR	KING LIFE) IN	DUSTRY	geratio
13e. S	AL RESIDENCE (IF NUR STATE Maryland	NI COUNTY	ER INSTITUTION	Brook1	WN	134 INSIDE CITY LIMITS?	13e STREET ADDR 4144 DO		Ave. 2	122 5	
4. FA	Lacy	Ã.		Bush LAST		15. MOTHER'S MAIDEN NA Birdie	AMÉ	DLE	Fon	tz LAS	т
	WAS DECEASED EVER			16b. SOCIAL SEC	CURITY NO.	17. INFORMANT	A	DDRESS			
1	YES. NO OR UNKNOWN)	WW2	R OR DATES)	216-0	9-6007	Mrs. Christi	ne Bush,	4144	Doris	Ave.	. 21225
	18. CAUSE OF DEAT	H (Enter only o	ne couse per	line for (a), (b), (ond (c).)					BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony gove rise to im cause (a), stati underlying cause	mediate ng the e lost.	DUE TO, OR	AS A CONSEQ Art	eriosc	l infarction lerotic heart					
HCATION	gove rise to im cause (a), stati underlying cous	mediote ng the e lost. NIFICANT CON	DUE TO, OR	AS A CONSEQ Art	PUENCE OF ETIOSC		MINAL DISEASE OR	20b.	IF YES, WER	RE FINDIN	GS USED OF DEATH?
ERTIFICATION	gove rise to im cause (o), stati underlying cous: PART 2. OTHER SIG	mediate ng the e lost. NIFICANT CON	DUE TO, OR (c) DITIONS CO	AS A CONSEQ Arto MIRIBUTING TO	PUENCE OF ETIOSC	lerotic heart	200 AUTOPSYS	20b.	IF YES, WER CERTIFYING YES	RE FINDIN CAUSES	GS USED
CAL CERTIFICATION	gove rise to im cause (o), stoti underlying coust	mediate mediate has been been been been been been been bee	(c)	AS A CONSEQ Arti	PUENCE OF PTIOSC D DEATH BUT CH OPERATIO	lerotic heart	200 AUTOPSYS	20b.	IF YES, WER CERTIFYING YES	RE FINDIN CAUSES	GS USED OF DEATH?
MEDICAL CERTIFICATION	gove rise to im cause (o), stoti underlying cous. PART 2. OTHER SIG. 198. DATE OF OPERA 216. ACCIDENT WAS UNDOR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDITAL CONTRIBUTION	mediate may the elast. NIFICANT CON ITION IDERLYING CAUSE OF DEATH ICAL EXAMINER RED RED HILE JRK	DUE TO, OR (c) DITIONS CO 19b. CONDI 21b. TIME OI HOUR A.M P.M 21e. PLACE C (AT HOME, STRI	AS A CONSEQ Arti	PUENCE OF PETOSC DEATH BUT TH OPERATIO DAY YEAR 19 E, FARM, ETC.)	lerotic heart NOT RELATED TO THE TERM N WAS PERFORMED 216. HOW INJURY OCCUM 216. LOCATION STREET	200 AUTOPSY? YES NO RRED (ENTER NATURE C	20b.	IF YES, WER CERTIFYING YES TEM 18 PART 1 O	RE FINDIN CAUSES	GS USED OF DEATH?
EDICAL	gove rise to im cause (o), stoti underlying cous: PART 2. OTHER SIG 198. DATE OF OPERA 216. ACCIDENT WAS UN- OR CONTRIBUTING WE SITHER NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK 220.1 certify that Q	mediate may the person of the	DUE TO, OR (c) DITIONS CO 19b. CONDI 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STRI	AS A CONSEQ Arti	DUENCE OF PRIOSC DEATH BUT THE OPERATION DAY YEAR 19 E. FARM, ETC.)	lerotic heart NOT RELATED TO THE TERM N WAS PERFORMED 21C. HOW INJURY OCCUM 21L. LOCATION STREET	200 AUTOPSYS YES NO RRED (ENTER NATURE C	20b. IN (IN (FINJURY IN IT OR TOWN	IF YES, WER CERTIFYING YES TEM 18 PART 1 O	RE FINDIN CAUSES OF PART 21 OUNTY	NGS USED OF DEATH? NO STATE
EDICAL	gove rise to im cause (o), stoti underlying cous: PART 2. OTHER SIG 198. DATE OF OPERA 216. ACCIDENT WAS UN- OR CONTRIBUTING WE SITHER NOTIFY MED 21d. INJURY OCCUR WHILE AT WORK 220.1 certify that Q	mediate may the person of the	DUE TO, OR (c) DITIONS CO 19b. CONDI 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME, STRI	AS A CONSEQ Arti	DUENCE OF PRIOSC OD DEATH BUT CH OPERATIO DAY YEAR 19 E, FARM, ETC.) UCTOBE XXXXX or	lerotic heart NOT RELATED TO THE TERM N WAS PERFORMED 21C. HOW INJURY OCCUM 21F. LOCATION STREET 22 19 20 and that in (my) (our) opinion DEGREE ATTENDING	200 AUTOPSYS YES NO RRED (ENTER NATURE C	20b. IN (20 IN)(20 IN)(20 IN (20 IN (20 IN)(20 IN)(20 IN (20 IN)(20 IN (20 IN)(20 IN (20 IN)(20 IN (20 IN)(20 IN)(20 IN (20 IN)(20 IN)(20 IN)(20 IN)(20 IN)(20 IN (20 IN)(20 IN)(IF YES, WER CERTIFYING YES [] YEM 18 PART 1 0	CAUSES OUNTY 83 from the	STATE
EDICAL	gove rise to im cause (o), stoti underlying cous. PART 2. OTHER SIG 198. DATE OF OPERA 216. ACCIDENT WAS UNDER CONTRIBUTING TO CONTRIBUTING	mediate may be lost. NIFICANT CON IDERLYING CAUSE OF DEATH (CAL EXAMINER) RED RHILE SPIK (this hospitol) (this hospitol)	DUE TO, OR (c) DITIONS CO 19b. CONDITIONS 21b. TIME OF HOUR A.M. P.M. 21e. PLACE C (AT HOME. STRI ottended the XXXXX ew the body:	AS A CONSEQ Arti	DEATH BUT CH OPERATIO DAY YEAR 19 E, FARM, ETC.) UCTODI XXXXX or	lerotic heart NOT RELATED TO THE TERM N WAS PERFORMED 21C. HOW INJURY OCCUM 21F. LOCATION STREET 22 19 20 and that in (my) (our) opinion DEGREE ATTENDING	YES NO RRED (ENTER NATURE C TO DECEMBER OF PER MEDICAL DIRECTOR PI	20b. IN 0 FINJURY IN IT OR TOWN The date or STAFF HYSICIAN	IF YES, WER CERTIFYING YES [] (CO. 18 PART 1 O. 19 and hour ond 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	RE FINDING CAUSES OUNTY 83 from the	NGS USED OF DEATH? NO STATE STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

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1-	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 3	10	5 1 7
	CEASED NAME FIRST E OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR
11111	Anna	М.	Camer	ron	4	15 83	9:30R
3. SE	X	4. RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White	MONT 7		8.0	MONTHS DAYS	HOURS MIN
Za-BI	IRIHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	OUNTRY? B.		9. BALTIMORE CITY OR COU		
27	(OUNTRY)			D NEVER MARRIED	Cecil		
20.0	Maryland III OR TOWN OF DEATH	11 NAME OF HOSPITA	WIDOW	ED . DIVORCED	12a USUAL OCCUPATION	126 KINID	OF BUSINESS C
7	IN SK TOWN OF DEATH	(IF NOT IN SUCH FACILITY,		OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WORKIN		
/_	Calvert		lanor Nur	ising Home	Housewife	Ho	ne.
	AL RESIDENCE IN HIRSING HOME STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDUNTY	PENCE BEFORE ADMISSION) Y OR TOWN	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		219
M	ld. Co.		nont	YES NO	Telegraph R	d	
14. FA	ATHER'S NAME		LAST	15 MOTHER'S MAIDEN NA	AME		
1	ouis	Man +	indale	Louanna	WIDDIE	MAhan	131
	WAS DECEASED EVER IN U.S.	1,00.0.0	CIAL SECURITY NO.	17 INFORMANT	ADDRESS 1	646 Ing	
(:		GIVE WAR OR DATES)	-74-4453	74	m 1. 10 2n		
	no			Nhomas H. I	Martindale, P	1 18885	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	SED BY:	a), (b), and (c).)	h. A d		BETWEEN	ONSET AND DEAT
	(MMED	IATE CAUSE (0)	myson	- ruan	allen	6	and
	14292	DUE TO, OR AS A C	ONSEQUENCE OF	0.	0 1.	5	1.00
	Conditions, if any, which gave rise to immediate	(b) and	lisocherole	a conductor	culy oracise		Wir.
	cause (a), stating the	DUE TO, OR AS A C	ONSEQUENCE OF				U
	underlying cause last.	((c)					
10	PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART I	(0)
Z							
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FIND	INGS USED
Ē		Karley Land			YES IN NOIT	RTIFYING CAUSE YES	NO T
1 2	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Ÿ	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM		
	OR CONTRIBUTING CAUSE OF	DEATH	ONTH DAY YEAR	1000			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM)	NER) P.M.	19	211. LOCATION			-
WEI	WHILE NOT WHILE	(AT HOME, STREET, FACTO		STREET	CITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK				11 16	0.2	
	220.1 certify that (I) (this ha	11	sed from	19 16	10 4-15	19_65_	, that (I) (we) la
	saw the deceased alive above, (I) (we) (did) (did	nat) view the bady after dec	19 83 . o	nd that in (my) (our) apiniar	death accurred an the date and	haur and fram the	e causes stated
	276 SIGNATURE	21		DEGREE	They are the second	22c. DAT	SIGNED
	Will	alla)	O M	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	14-	16-83
1	22d. PHYSICIAN'S NAME (TY	PE OR PRINTO	3	22e. ADDRESS			
	NE:1	TAYLOR	JZ NID	2.		udi	1
22	DUDIAL CODALATION OF	11/10/2	-/	1 K15/1	23d LOCATION	PULL	12/8
	BURIAL, CREMATION, REMOV			CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
	Burial	4-19-83	West N	ottingham	Colora -	Cecil	Md.

Md.

ADDRESS Jone Rising Sun,

Home

DHMH - 16 50M 4/82

24 FUNERAL DIRECTOR Re R. 7. Foard

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely firmed in by the should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fired with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

(VRA 15, 4)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.



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	1.	FOR - STATE REGISTRAR	D		EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 3	i 0 =	18
	(TYPE	CEASED NAME HEN	RY JOSEPH	É	CLOUTIER	20 DATE OF DEATH	MONTH DAY YEAR 7, 1983	26 HOUR 8-20AM
1	3.56	x Male	White	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	MONTHS DAYS	
3	7a. BI	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8. MARRIE WIDOWE	28, 1902 D NEVER MARRIED DIVORCED DIVORCED	9. BALTIMORE CITY O	PR COUNTY OF DEATH	
1		ity or town of death Elkton	11. NAME OF HOSPITAL, NOT IN SUCH FACILITY, G UNION HOSP	, NURSING HOME C GIVE STREET ADDRESS)		120. USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF ENGINEER		of BUSINESS OR ter mfg.
5	Ma	AL RESIDENCE IF NURSING HOMEOR STATE ryland Harf	NIY 13c. CITY	nce before admissioni OR TOWN .e de Grac			kes Street	078
6	4 FA	Willie	J. Clout	ier	15. MOTHER'S MAIDEN NAI Clara	WIDDIE	Clou	
2	1	MAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV NO		09-9370	Mrs. Rebecca	E. Cloutie	bingdon Md. r, 654 Fran	21009 s Drive
		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CO	Pnem	monia ticulità	any an		
	NOI	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1	101
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
1	MEDICAL CE	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN (TEM IB PART I OR PART 2)	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTOR)		21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATÉ
		22a.1 certify that (1) (this heaper sow the deceased alive on above, (h) (we) (did) (did no	4-6	19 <u>83</u> , or	d that in (my) (over) opinion (deoth occurred on the do	ate and hour and from th	, that (I) (we) lost e couses stated
	Ē	22b SIGNATURE	rall Oc	Fren		MEDICAL STAF	F 4	7-83
	ñ	22d. PHYSICIAN'S NAME (TYPE O	D CEDGI	REN MU.	721BK	LOGE ST.	ELKTON,	MD.

STATE OF MARYLAND

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal IMPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, ar other traumatic event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

> Cremation Apr. 10, 1983

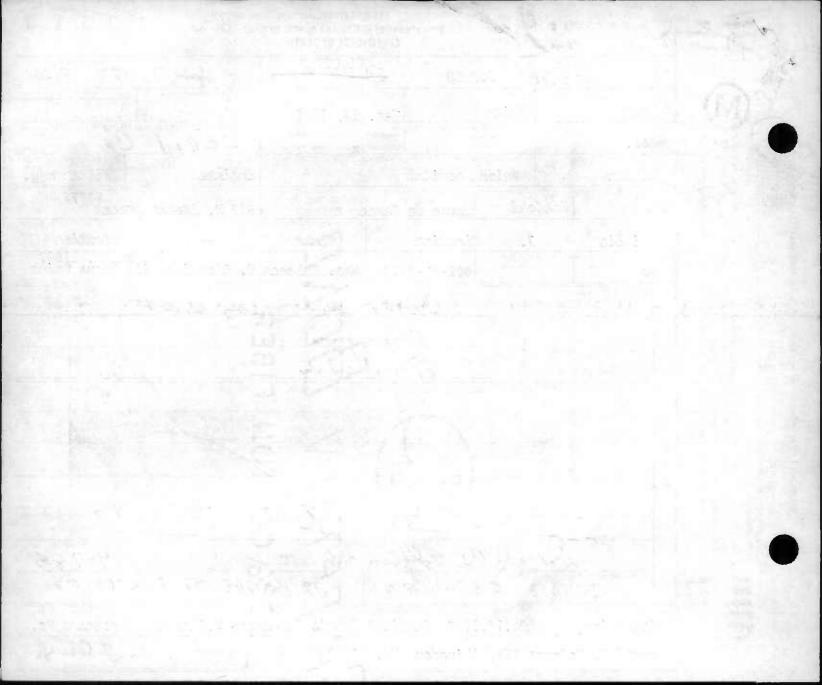
23a. BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Cratin & Ferris Crematory, W. Chester

Chester Pa.

24 FUNERAL DIRECTOR
Howard K. McComas III, Abingdon, Md. 21009

23b. DATE



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_	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours often displayed by the hospital or otherding physician.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Surs
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The Irretoined by the hospital or otherding physician.
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	REGIST			A DOLE		ICATE OF DEATH	REG. N		AY YEAR I	2b. HOUR
	eTYPE OR PRINTS		Ann	Eliza	abeth	Cope	APRIL		83	2:35A
	3. SEX fema	le	4. RACE Whi	te	DATE O		6. AGE (IN YEARS LAST BI		ONTHS DAYS	HOURS MIN.
6	COUNTRY)	E (STATE OR FOREIGN Ottsville,	Va. U	S.A.	WIDOWE		9. BALTIMORE CITY S	COUNTY	OF DEATH	м
33	Perrvv	ille Md.	VÁ" MED	TCAL CENT	ER PE	RRY POINT, MD	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) telecommun	ion of working life ication	126. KIND OF INDUSTRY OS V.A.:	BUSINESS O Superv:
33	USUAL RESIDE 130. STATE Md .	NCE (IF NURSING HOME OF 136 COU	OR OTHER INSTITUTION	13c. CITY OR TOW Edgewate	ADMISSION)	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 435 Pop1			2103
Xomibe		iame s Henry	MIDDLE	Stratto	on	15. MOTHER'S MAIDEN NA Be t Erst	Jame.	S	Catter	ton
2	160. WAS DECI	EASED EVER IN U.S. A UNKNOWN) (IF YES G	RMED FORCES? VE WAR OR DATES) - 1919	D16-88-15	10.	Betty Johnson	ADDR		f Do Ed	7011040
r, or other	PART 2.	OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO D	EROTI	C CARDIOVASCUI		20b. IF YES,	WERE FINDING	
ny injury	NO ISO DAT	OF OPERATION						INICEDTIEV	ING CAUSES C	OF DEATH?
ows ony injury	TIPICATION 199. DAT	E OF OPERATION					YES NO	YES		NO 🗆
rem 18 shows ony injury	STID. ACC	E OF OPERATION IDENT WAS UNDERLYING [RIBUTING CAUSE OF DI R. NOTIFY MEDICAL EXAMINI	EATH HOUR A	OF INJURY A.M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR		YES		
rked or frem 18 shows ony injury	OR CONT	IDENT WAS UNDERLYING [EATH HOUR A	A.M. MONTH DA	19	21c. HOW INJURY OCCUR 211. LOCATION STREET		YES		
Hem /	OR CONT (IF EITH 21d IN JE WHILE AT WORK 220.1 ce SDW	IDENT WAS UNDERLYING [RIBUTING CAUSE OF DI R. NOTIFY MEDICAL EXAMINI URY OCCURRED	EATH HOUR A ER) 21e. PLACE (AT HOME. S pital) ottended to n APRIL	A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, F. The deceosed from \$\frac{1}{27}\$	ARM, ETC.)	211. LOCATION STREET	CITY OF TO	YES	COUNTY	STATE
If hem 21 is marked or hem 1	OR CONT (IF EITH 21d INJI WHILE AT WORK 220.1 ce SDW obo	IDENT WAS UNDERLYING RIBUTING CAUSE OF DI ER. NOTIFY MEDICAL EXAMINI JRY OCCURRED NOT WHITE AT WORK Triffy that (1) (this hasp the deceased alive D	EATH HOUR A ER) 21e. PLACE (AT HOME. S pital) ottended to n APRIL	A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, F. The deceosed from \$\frac{1}{27}\$	19 ARM, ETC) UNE 32, DI	211. LOCATION STREET 1982, 19.82	CITY OR TO to APRIL deoth occurred on the d	YES DWN 27 1 ote ond hour	COUNTY	STATE sot (I) (we) lo puses stoted IGNED
Nem 21 is morked or Nem 1	WHILE AT WORK 220.1 ce 22b. SIG	IDENT WAS UNDERLYING RIBUTING CAUSE OF DI R. NOTIFY MEDICAL EXAMINI JRY OCCURRED NOT WHILE ALWORK THIFY that (1) (this has, the deceased alive a ve, (1) (we) (did) (did a NATURE	EATH HOUR A ER) 21e. PLACE (AT HOME, S) pital) attended to APRIL (at) view the bod	A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, F. The deceosed from \$\frac{1}{27}\$	19 ARM, ETC) UNE 32, DI	211. LOCATION STREET 28, 1982 19.82 and that in (my) (our) opinion DEGREE ATTENDING	CITY OR TO APRIL deoth occurred on the d MEDICAL STA DIRECTOR PHYSIC	YES DWN 27 1 ote ond hour	COUNTY 9 82 , the ond from the country	STATE stot (i) (we) lo puses stoted IGNED

DHMH - 16 50M 4/82 (VRA 15, 4)

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FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR		CERTIFICATE OF	PLATIT	REG. NO.		
1. DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH M	ONTH DAY YEAR	2b. HOUR
Edith	W •	Dewey		Apr	il 11,19	83 3:00R
3. SEX	4 RACE	S. DATE OF BIRTH	WE 4.0	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YE	
female	caucasian	9 06	98	84	YRS.	13 HOURS MIN.
To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER	MARRIED T	9 BALTIMORE CITY OR	COUNTY OF DEATH	
Pennsylvania	USA		IVORCED [Cecil		MD
rural Elkton	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 364 Ricketts	Mill Road	TITUTION	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y Postmistre	WORKING LIFET INDUST	OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME C 13a. STATE 13b. COU Maryland Cec		N 13d. INSIDE	NO K	13e STREET ADDRESS 364 Ricke	tt's Mill	Rd.21921
14 FATHER'S NAME	MIDDLE LAST		S MAIDEN NAM	MIDDLE		LAST
Wilson 160 WAS DECEASED EVER IN U.S. A	T. Wrigh		thel	M. ADDRES		uson
(YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECULIVE WAR OR DATES! 215-12-	-5208 17. INFORM.				
No		Mrs.	Doris W	. Heath, El		21921 ROXIMATE INTERVAL EN ONSET AND DEATH
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	196 CONDITION FOR WHICH	ENCE OF ENCE OF DEATH BUT NOT RELATED THY thmas. OPERATION WAS PERFO	DRMED	20m AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
		AY YEAR				
OR CONTRIBUTION C AUSE OF DI IF EITHER, NOTIFY MEDICAL EXAMINI 216 IN JURY OCCURRED NOT WHILE AL WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	21f. LOCATI		CITY OR TOW	N COUNTY	STATE
saw the deceased alive a abave, (I) (www.) (did) (did a	n 11 Apr 83 19 view the body after death.	and that in (my		, to 11 Apr leath accurred on the date		
22b. SIGNATURE Wallace	Sherekain		ATTENDING PHYSICIAN	MEDICAL STAFF	11	Apr 83
22d. PHYSICIAN'S NAME (TYPE Wallace Ob	enshain, MD	22e ADDRES		, Ma. 21913.		
23a BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR		23d. LOCATION CITY OR TOWN	COUNTY	STATE
TH PLINEBALDIRECTOR	UNERALS, ELKTON,	MD. 21921		Cemetery, No. Rec'd. By Registrary 1 9 1983		ATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR

IMPORTANT: IF

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page-retained by the haspital or attending physician.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

REGISTRAR		CERTIF	ICATE OF DEATH	REG, NO	0.		*
I. DECEASED NAME FIRST (TYPE OR PRINT) WILL		ION DIXON	JR.	20. DATE OF DEATH APROL		983	26. HOUR 1:30p
MALE	4 RACE CAU	C. FEB.	16°, 19°0°1	6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	HOURS MIN
MARYLAND	76. CITIZEN OF	MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	RCOUNTY	OF DEATH	MD
ELKTON		HOSP STREET OF ESS CE		CARPENTER		12b. KIND C	F BUSINESS OR
MARYLAND 13 CE		I, GIVE RESIDENCE BEFORE ADMISSION)	13d INSIDECITY LINHTS? YES NO 1	13°2867'9°0BLU	JEBALI	RD 6	21921
WILTIAM MAR	ION DIX	on sk.	GRACE DI	XON BOYD		LAS	51
160. WAS DECEASED EVER IN U.S., (YELTH) OR UNKNOWN) (IF YES, C	ARMED FORCES? EIVE WAR OR GATES)	215-32-0966		QUINN -da		er- sa	ame-
Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost.	(b)	M ssive and					
	T CONDITIONS C	ontributing to DEATH BUT			DITION GIVE	N IN PART 1	0,
aneurysm 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		ITION FOR WHICH OPERATIO		200. AUTOPSY?		WERE FINDING CAUSES	
OR CONTRIBUTING CAUSE OF I	DEATH HOUR A	DFINJURY .M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PAR	T 1 OR PART 2)	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	0.0	COUNTY	STATE
22a: I certify that (I) (the sow the deceased alive above, (I) (ver) (did) (on 12 Apr	83 19 01	nd that in (my) (ear) opinion	death occurred on the do			that (I) (we) last couses stated
226. SIGNATURE	Ohene	Lain, M.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAP	F IAN []	15 Z	APr 83
22d. PHYSICIAN'S NAME (TYPE		14 D	CECIL-KEN	T HEALTH S	SERVI(CES	

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carbon paper. With the State Dept. of Health and Mental Hygiene priar ta burial, cremation, ar remaval. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, them 230 BURIAL CREMATION, REMOVAL 23 4-1 5-83

23c NAME OF CEMETERY OF CREMATORY GALENA

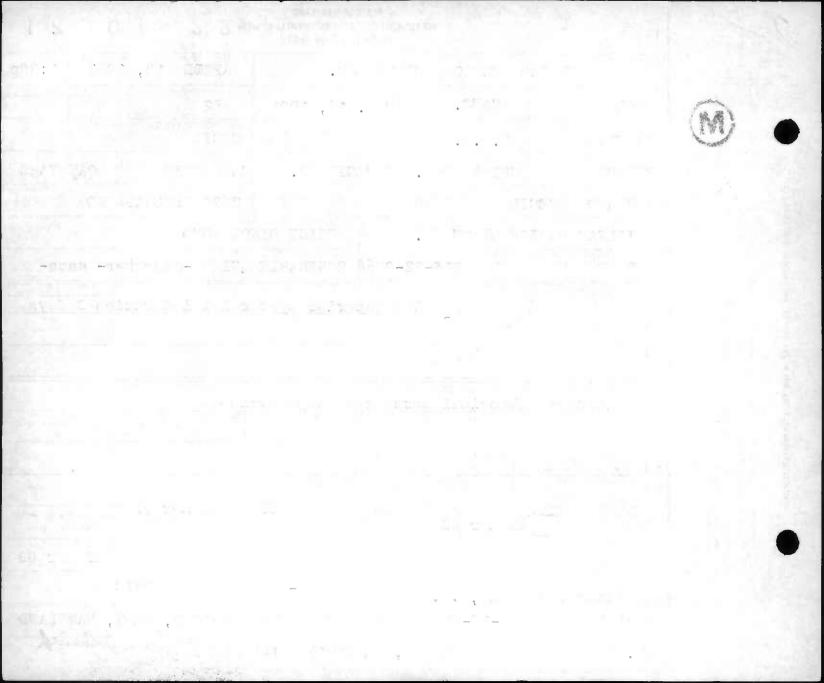
GATENA, KENTUNIY MARYLAND

EDW FELLOWS & SON CECIPION, MD 21913

Wallace Obenshain, M.D.

250 DATE REC D BY REGISTRAR AN RECISTRAR AS ICHANICAL APR 2 0 1983

DHMH-16 60M 1/73 (VR A 15 (4))



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TO FUNERAL DIRECTOR: After this ceruficate has been signed by the attending physician and completel should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages awith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT: If them 21 is marked or frem 18

STATE OF MARYLAND DEPARTMENT OF REALTH AND MENTAL HYGIENE

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	STATE REGISTRAR			CERTII	FICATE OF DEATH	REG. NO.		
	CEASED NAME FI	RST	WIDDLE		LAST	2a DATE OF DEATH M	ONTH DAY YE	AR 2b HOUR
	eodore	E	Dun	nan			4/17/8	3 24 M
3. SEX		4 RACE		5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTH		
ma	l e	whi	te	APR	IL 18, 1908	74	YRS.	DAYS HOURS MIN.
7a BIR	RTHPLACE (STATE OR FOREN		WHAT COUNTRY?			9 BALTIMORE CITY OR		TH
	Poland	USA		WIDOW	ED NEVER MARRIED DIVORCED	Cec	i 1	
-	Y OR TOWN OF DEATH	3.3.1	HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION		MD.
	kton	Uni	on Hospit	al		Owner - Res	VORKING LIFE) INDU	STRY
13a S	L RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION	13c. CITY OR TOW		1 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		71491
ma	aryland	Cecil	Elkton		YES X NO		th Stree	t.
	THER'S NAME				15. MOTHER'S MAIDEN NA			
	Peter	MIDDLE	Duman		Julia	WIDDLE		schek
	AS DECEASED EVER IN U	J. S. ARMED FORCES? YES, GIVE WAR OR DATES!	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRESS		
	No		221-05-	8273	Wife, Paulin	ne Duman, Elk	ton, Md.	21921
	18 CAUSE OF DEATH (E)	nter only one cause per	line for (a), (b), an	d (c)				PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	PART I. DEATH WAS	CAUSED BY: AEDIATE CAUSE (0)			rotic Heart Dis		0011	5 vrs.
NO	PART 2 OTHER SIGNIER	ost. (c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PAI	RT 1(o)
TIFICATI	DATE OF OPERATION	arrhy, tmis	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	Ob. IF YES, WERE FIN CERTIFYING CAN	INDINGS USED USES OF DEATH?
AL CER	210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX	OFDEATH	OF INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	N ITEM 18 PART 1 OR PAR	RT 2)
ME	21d. INJURY OCCURRED	21e. PLACE			211. LOCATION STREET	CITY OF TOWN	COUNT	TY STATE
	AT WORK		7 7 12	11-1-1-1			17	10
	22a. I certify that (I) (the saw the deceased of above, (I) (was) (did)+	live on App 1		Aug 83.0	nd that in (my) (arr) opinion o	eoth occurred on the dote	and hour and from	3., that (I) (xx) lost the couses stated
	22b. SIGNATURE	Λ Λ			DEGREE		22ε. [DATE SIGNED
	1. rella	Do Blione	lai Y	mD	ATTENDING PHYSICIAN	MEDICAL STAFF	NΠ	Apr 83
	22d. PHYSICIAN'S NAME	(TYPE OR PRINT)	yun !	11.10	22e ADDRESS	DIRECTOR THISICIA	14 🗀	ADI 03
	Wallace	Obenshain,	MD.		Cecltor	n,Md.		
	JRIAL, CREMATION, REM			IAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
	Burial	4-20-	83 G1	lpip	Manor Memoria	1 Park Elkt	on Md -	21921 STATE
	NERALOURECHOR A	0			THE THE PARTY AND THE			

DHMH - 16 50M 1/B1 (VRA 15, 4)

HICKS HOME FOR FUNERALS,

ELKTON.

MD.

21921

BP.

retained by the haspital ar attending physician,

Audenia - milut 1921 July Distriction, Ultiton, U. 21921

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W-10-Fit Wilsin good weering both filton, vd. 21920

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician. FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REGISTRAR		CERTITI	CAILOID	EATH	REG. N	Ο.		
1. DECEASED NAME FIRST	MIDDLE	LA	ST		a. DATE OF DEATH	MONTH	DAY YEAR	2h HOUR
Vict	oria A.	G	riros	0		4-1	18-83	14 m
3. SEX	4 RACE	S. DATE O			AGE IN YEARS LAST BI	RTHDAY)	IF UNDER I YEAR	
Female	White	05	- 01	90	92	YRS.	MONTHS! DAYS	HOURS MIN.
7a BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	NEVER N	ARRIED -	BALTIMORE CITY			
Ltaly	USA	WIDOWE	DIV	ORCED	Ceci	·	unty	M
Elkton	11. NAME OF HOSPITAL, NI AF NOT IN SUCH FACILITY, GIVE AUNCHUO	STREET AOORESSY	sing C		20 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF	OF WORKING L		OF BUSINESS OR
13a. STATE Pa, The Country of the	OTHER INSTITUTION, GIVE RESIDENCE NTY 136. CITY OR KEND	ett Squan		NO 🗌	30 STREET ADDRESS	shell	st.	19348
14. FATHER'S NAME FIRST Battista	MIDDLE Bric	otti		MAIDEN NAME Bela	WIDDIE		LAS	ST
16a WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17. INFORMA	NI	ADDR	ESS	1	9348
(YES, NO OR UNKNOWN) (IF YES, GIV	204-	32-7491	200	is Ma	rson, S	/ Ken	nett Sq	uare, P
18 CAUSE OF DEATH (Enter or	ly one cause per line for 19.), ond ic //		Λ			APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH
PART I. DEATH WAS CAUSE	ID BY: ITE CAUSE (o)	inder	· Ru	Imond	m Am	21		
4860	DUE TO, OR AS A CONS	EQUENCE OF	1		5			
Conditions, if ony, which	(b)	Dil	monas	n. il	Sema			
gove rise to immediate couse (a), stating the)	1	100 / 000 /	1	1 1 1	11		
underlying couse lost.	DUE TO, OR AS A CONS	SEQUENCE	14140 000	in And	arteresa	ypue	- Auga	0
PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	3 TO DEATH BUT	NOT BELATED	TO THE TERMIN	IAL DISEASE OR CON	DITION G	VENI INI DART 1	
	201101110110 <u>GOTTINOOTIITO</u>	3 10 DE 1111 BOT .	TOTRELATED	TO THE TERMIN	THE DISEASE ON COIL	DITION	A CLA II A L AKT TI	
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATION	N WAS PERFOR	RMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
H H					YES NOT	IN CERT	IFYING CAUSES	
21g. ACCIDENT WAS UNDERLYING	7 21b. TIME OF INJURY		21r HOW IN	IURY OCCURRE	YES NO S			NO []
	THOUSE A ALL ALCOHURS	H DAY YEAR		JOHN OCCOME	O VENTER NATIONE OF INVIC	RT IN TIEM TO	FART OR FART 21	
(IF EITHER, NOTIFY MEDICAL EXAMINER		19						
OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	21f LOCATIO	N	CITY OR TO)WN	COUNTY	STATE
WHILE NOT WHILE AT WORK		A		-7	11	C	-	
22a I certify that (i) (this hospi	tol) attended the deceased f	rom /Je		, 19.85	, to 7-1	y	19.05	that (I) (we) los
saw the deceased alive on	t) view the body after death.	.19, one	d that in (my)	(our) opinion de	oth occurred on the d	ote and ha	ur and from the	couses stoted
22b. SIGNATURE	1) View file body direct decim.	1 0	EGREE				22c. DATE	SIGNED
Do	note (Est	wen 1		TTENDING PHYSICIAN	MEDICAL STA		4-1	18-83
22d. PHYSICIAN'S NAME (TYPE OF	PRPRINT)	N MO.	22e ADDRESS	721B	RIDGE , N	12.	2192	4
23a BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR C	REMATORY	23d. LOCATION		COUNTY	STATE
Burial	4-21-83	St. Patr	cick's	Cemeter	y Kennett			19348
24. FUNERAL DIRECTOR		DECC		25a. DATE I		2 REGIS	TRAR'S SIGNAT	TURE.
HIEKS HOME for	PUNERALS, ELR	TON, MD.	21921	APF	7 2 1 1983	Joan	not la	muly

DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral dishould be detached for use as the burial-transit permit. Then please remove corbanpapers. Pages 1 and 2 should be filed within 72 hawith the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

IMPORTANT: If Hem 21 is morked or Hem 8 shows ony injury, or other troumotic event, the

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and complete should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician injury, or other troumotic event, the

IMPORTANT: If Item 21 is morked or ""

HICKS HOLE for

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ELKTON,

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REGISTRAR			CE	RTIFIC	CATE OF DEATH	REG. N	0.			
1. DECEASED NAME	FIRST ARGAL	eet"	O. C	7) LAS	RIN	20. DATE OF DEATH	MONTH DAY 4/4/	VEAR 83	26 HOUR	RA
3. SEX Female	4. R	White		ATE OF	BIRTH MBER 29, 1905	6. AGE (IN YEARS LAST BIR	YRS.	DER TYEAR	IF UNDER 2	MIN.
7a. BIRTHPLACE (STATE OR New Jersey		USA	WID	OWED	NEVER MARRIED	9 BALTIMORE CITY		EATH	70.	MD.
Elkton		Union	OSPITAL, NURSING HO FACILITY, GIVE STREET ADDRES HOSPITAL	\$\$)	OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O HOMEM	F WORKING LIFE) IN	b. KIND OF DUSTRY	BUSINES	SSOR
SUAL RESIDENCE IN NUR 30 STATE Mary land	13b. COUNTY Cecil		BIVE RESIDENCE BEFORE ADMIS 13c. CITY OR TOWN Elkton	1	YES 🔀 NO 🗌	130 STREET ADDRESS	in Stree	t 2	21921	
John	MIDD	LE	Nacey		S. MOTHER'S MAIDEN NAME Elizabeth	MIDDLE	Loug	hrey		
160 WAS DECEASED EVER (YES NOOR UNKNOWN)	IN U.S. ARMED JIF YES, GIVE WA		155-07-246		Mr. Amos W.	Gorin, Sr.		Md.	2192	1
Conditions, if ony gove rise to im couse (o), stotil underlying couse PART 2 OTHER SIG	mediote ng the e last. NIFICANT CON	(c) DITIONS <u>CO</u>	AS A CONSEQUENCE	H BUT N	OT RELATED TO THE TERMIN	NAL DISEASE OR CON	DITION GIVEN IN 206. IF YES, WEF IN CERTIFYING	RE FINDIN	GS USED	H?
TIG. DATE OF OPERA TIG. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTHY MED TIG. NOTHY MED AND	CAUSE OF DEATH ICAL EXAMINER) RED	P.A 21e. PLACE C	A. MONTH DAY Y A.	EAR 19	71c. HOW INJURY OCCURRE 211 LOCATION STREET	YES NO ENTER NATURE OF INJU		R PART 2)	NO D	ATE
22a. I certify that (II sow the decease above, (I) (we) (22b. SIGNATURE 22d. PHYSICIAN'S N	(this hospital) ed alive an_ did) (did not) vie	the body of	ofter deeth.	DE	that in (my) (our) opinion de GREE ATTENDING PHYSICIAN 122e ADDRESS 200 Bow Stre	ACDICAL STAL	FF CIAN []	from the co		
230 BURIAL, CREMATION, ISPECIFY) Burial		36. DATE			METERY OR CREMATORY te Conception	23d LOCATION CITY OF TOWN Cemetery.	Cherry			ATE

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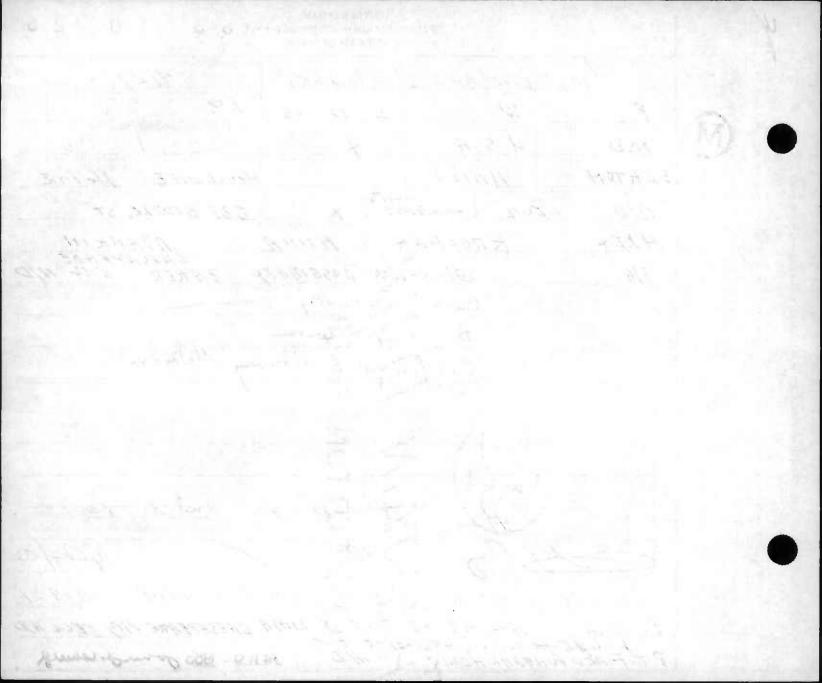
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20	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 4 may be efformed by the historical or attending physician.
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	FOR STATE	STATE OF MARYLAN DEPARTMENT OF HEALTH AND ME	ENTAL HYGIENE 8 3 1 0 5 2
	REGISTRAR DECEASED NAME FIRST	CERTIFICATE OF DE	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	7 (//AS / A	RACE S. DATE OF BIRTH MONTH DAY 12 12	YEAR BRITHDAY) IF UNDER TYEAR IF UNDER YEAR BRITHDAY) YEAR BRITHDAY YEAR BRITHD
A)	BIRTHPLACE STATE OR FOREIGN 71	CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MA	- 9 BALTIMORE CITY OR COUNTY OF DEATH
16/	ELATON	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF THE INSTIT	TUTION 120 USUAL OCCUPATION (1705 OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIFE HONDE
35	130. STATE 136 COUNT	Y 13c. CITY OR TOWN 13d INSIDE CITY	10 1 537 BIDDLE, 54
070		K 1700 HAK AF	YNA MIDDLE MANKIN
# pode		WAR OR DATES) 154-05-9050 71 05 E.	MARY BAKER CITY M
y ligary, at other tr	Z O	DUE TO, OR CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINA DISEASE OR CONDITION GIVEN IN PART 1(0) WED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED
along the second	DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		VES NO VEST NO
ked or less 18	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED **ILE NOTI WHITE OR ALL WORK ALL WORK	The state of the s	
em 21 is mar	270.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did nat)	19 8 3 and that in (my) (at	19 3 that (I) (w sur) opinion death occurred on the date and hour and from the causes state
PORTANT IF #	72d PHYSICIAN'S NAME (TYPEORI	S PH	TENDING MEDICAL STAFF INSICIAN DIRECTOR PHYSICIAN 44
2	230. BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CRE	EMATORY 123d LOCATION



executed within 24 hours ofter death. Pt

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

retained by the hospital or attending physician.

FOR STATE REGISTRAR		DEPARTMENT (TATE OF MARYLAND OF HEALTH AND MENTAL HYGI STIFICATE OF DEATH	REG. NO.	10	5 2 /
1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	CDACE	24.07.72 0. 02.77.7	ONTH DAY YEAR	2b. HOUR
	JACK	D.	GRAFF		9, 1983	2:20p
3. SEX	4. RACE		TE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	MONTHS DATE	
Male		7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	gust 6 1909	73	YRS.	
7a. BIRTHPLACE (STATE	E OR FOREIGN 7b. CITI	ZEN OF WHAT COUNTRY? 8. MAI	RRIED - NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
New Jer			OWED DIVORCED	Cecil		٨
Perry Poi	nt, Md.	WE OF HOSPITAL, NURSING HOME OF THE STREET ADDRESS ADMINI	stration Med. C	IZa USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Manager	WORKING LIFE) INDUST	oof Business (Staurant
USUAL RESIDENCE (IF	IN COUNTY	STITUTION, GIVE RESIDENCE BEFORE ADMISS	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
Maryland	Harford	Aberdeen	YES 🔀 NO 🗌	229 Farm R	oad	21001
14 FATHER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN NAM	MIDDLE MIDDLE		LAST
Joseph		Graff	Lillie		Roth	
160 WAS DECEASED E	VER IN U.S. ARMED FO		IO. 17. INFORMANT	ADDRES	S	21001
Yes	WW-II	150-09-0510	Denise Gordon	n,229 Farm R	d.,Aberded	oximate interval
Conditions, if gove rise to cause (a), s underlying co	any, which immediate	E TO OR AS A CONSEQUENCE C	onia and Septice	acci		
gove rise to cause (a), s underlying co	any, which immediate dating the ause last.	(b) Bronchopneumo E TO, OR AS A CONSEQUENCE C (c) Cerebral arte	onia and Septice oriosclerosis an BUT NOT RELATED TO THE TERM	accid derebral vinal disease or condition	VASCULAT ITION GIVEN IN PART 20b. IF YES, WERE FINING CAUS	DINGS USED
gove rise to cause (a), s underlying co	ony, which immediate totaling the pause last. SIGNIFICANT CONDIT	(b) Bronchopneumo E TO, OR AS A CONSEQUENCE C (c) Cerebral arte IONS CONTRIBUTING TO DEATH CONDITION FOR WHICH OPERA	onia and Septice DF ETIOSCIETOSIS an BUT NOT RELATED TO THE TERM ATION WAS PERFORMED	accid cerebral value disease or condition autopsy? YES NOXX	VASCUTAT ITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO
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PART 2. OTHER: 190. DATE OF OP 210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER: NOTIFY 21d. INJURY OCC	any, which immediate totaling the Duse last. SIGNIFICANT CONDIT ERATION 19b CAUSE OF DEATH H MEDICAL EXAMINER) 21e CURRED 21e	(b) Bronchopneumo E TO, OR AS A CONSEQUENCE (c) Cerebral arts IONS CONTRIBUTING TO DEATH CONDITION FOR WHICH OPERA TIME OF INJURY OUR A.M. MONTH DAY YE	DEPTION WAS PERFORMED EAR 21c HOW INJURY OCCURR 19	accid cerebral value disease or condition autopsy? YES NOXX	VASCULAY ITION GIVEN IN PART 20b. IF YES, WERE FINI IN CERTIFYING CAUS YES IN ITEM 18 PART I OR PART 2	DINGS USED SES OF DEAT NO
GOVE rise to cause (a), sunderlying counterlying counterl	ONLY WHICH IMMEDIATE PROPERTY IN CONTROL OF THE	(b) Bronchopneumo (c) Cerebral arte (c) Cerebral	EAR 211. LOCATION STREET 211. LOCATION OF STREET 212. AND ATTENDING PHYSICIAN 222. APPRESS VA Medical 1.	accid cerebral value of injury or town 20	TION GIVEN IN PART 20b. IF YES, WERE FIN IN CERTIFYING CAUS YES IN ITEM IS PART I OR PART (COUNTY 9 19 83 e and hour and from 1 22c. DA	DINGS USED SES OF DEATH NO
GOVE rise to cause (a), so underlying counterlying counte	ONLY WHICH IMMEDIATE PROPERTY IN CONTROL OF THE	(b) Bronchopneumo (c) Cerebral arte (c) Cerebral	DEPTION WAS PERFORMED 211. LOCATION 211. LOCATION 211. LOCATION 212. APPRESS VA Medical OF CEMETERY OR CREMATORY	ACCIO d Cerebral NAL DISEASE OR CONDI 200 AUTOPSY? YES NOXX ED (ENTER NATURE OF INJURY CITY OR TOWN 2. to April 2 deoth occurred on the dot- DIRECTOR PHYSICIA Center, Perr [236, LOCATION]	TION GIVEN IN PART 20b. IF YES, WERE FIN IN CERTIFYING CAUS YES IN ITEM IS PART I OR PART (COUNTY 9 19 83 e and hour and from 1 22c. DA	DINGS USED SES OF DEATH? NO [] STAI NO XXXX he couses state TE SIGNED
GOVE rise to cause (a), so underlying conderlying cond	any, which immediate totaling the gover last. SIGNIFICANT CONDIT ERATION 19b SUNDERLYING 12b CAUSE OF DEATH H MEDICAL EXAMINER) TUNORR IT WHILE 11 (AT 1) SIGNIFICANT CONDIT 10 (AT 1) SUNDERLYING 12b (AT 1) (AT	(b) Bronchopneumo (c) Cerebral arte (c) Cerebral	DEFINITION WAS PERFORMED EAR 21c HOW INJURY OCCURR EAR 19 211. LOCATION STREET Cember 16. 19. 8: Comber 16. 19. 8: ATTENDING PHYSICIAN 22c APPRESS VA Medical OF CEMETERY OR CREMATORY Come to	ACCIO d cerebral NAL DISEASE OR CONDI 200 AUTOPSY? YES NOXX ED (ENTER NATURE OF INJURY CITY OR TOWN APPLICAL DIRECTOR PHYSICIA Center, Perr 23d. LOCATION TY CITY OR TOWN	VASCULAR ITION GIVEN IN PART 20b. IF YES, WERE FINING CAUS YES IN ITEM IS PART I OR PART; N COUNTY 9 19 83 e and hour and from 1 22c. DA AN XX 4- Y Point M COUNTY	DINGS USED SES OF DEATH' NO STA STA STA STA STA STA STA ST

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after diretained by the hospital or attending physician.

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- 2		REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	Ο.		
- 1		CEASED NAME ORPRINT)	FIRST	MID.		Į.	AST		MONTH DAY	YEAR	26 HOUR
- 1			Zul	a Emma G	raybeal			April 5, 1			5 P.
e ce	Fer Fer	male		White		8-18	S-1895	6. AGE (IN YEARS LAST BIRT		NTHS DAYS	HOURS
9		RTHPLACE (STATE OR F DUNTRY) Ten:		76 CITIZEN OF WE	HAT COUNTRY?	MARRIE!	D NEVER MARRIED	PALTIMORECITY O	R COUNTY O	FDEATH	
10		sing Sun			ACILITY GIVE STREET	NG HOME O	OR OTHER INSTITUTION	12e USUAL OCCUPATI (TYPE OF WORK FOR MOST O Teacher		12h KIND O INDUSTRY T Ret	
83	USUA 13a S M	AL RESIDENCE (# NUR TATE d.	13b COUN Ceci		ve RESIDENCE BEFOR R. CITY OF TOW ONOWING		134. INSIDE CITY LIMITS?	134 STREET ADDRESS	Mt. Zo	ar Rd.	1718
e /	14. FA	THER'S NAME Eugene	C. Jô	Apole hnson	LAS†		15. MOTHER'S MAIDEN NA Elvira I			LAS	Ť
the m	(4	VAS DECEASED EVER (ES, NO OR UNKNOWN)		WAR OR DATECT	social sect		in informant Fred Graybea	ADDRE al Mt. Zo	ar Rd.	Conow	
ury, or of		gave rise to im cause (a), stati underlying cause	ing the	DUE TO, OR A	S A CONSEQUI	ENCE OF					
in yas in	ATION						NOT RELATED TO THE TERM				
8 shows any inj	RTIFICATION	190 DATE OF OPERA	ATION	196, CONDITIO	ON FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, VIN CERTIFYII	WERE FINDING CAUSES	GS USED
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marked or Item 18 shows any inj	MEDICAL CERTIFICATION	190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NO 11FY MEDIA 21d. INJURY OCCUR	ATION NDERLYING CAUSE OF DEA	196 CONDITION 216 TIME OF INTERPRETED INT	ON FOR WHICH NJURY MONTH D	AY YEAR	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, VIN CERT IFYII YES RY IN ITEM 18, PART	WERE FINDING CAUSES	GS USED OF DEATH
em 21 is marked or Item 18 skows any inj		216. ACCIDENT WAS UN OR CONTRIBUTING CHEETING, NOTIFY MEDIA 216. INJURY OCCUR WHILE NOT WAT WORK AT W. 226.1 certify that (1 saw the decess above (1) (we) (1) (we) (1)	ATION DERLYING CAUSE OF DEA CALEXAMINER) RRED WHILE CORK ORK OKT OKT OKT OKT OKT OKT	19b. CONDITK 11b. TIME OF I HOUR A.M. P.M. 21e. PLACE OF (AT HOME, STREET	NJURY MONTH D INJURY , FACTORY, OFFICE, I	AY YEAR 19 FARM, EIC.)	21c HOW INJURY OCCUR 21f LOCATION STREET 19 ad that in (my) (aur) apinion	206 AUTOPSY? YES NO	20b. IF YES, VIN CERTIFYII YES	WERE FIND IN NG CAUSES OF PART 2) COUNTY	NGS USED OF DEATH NO STA
ANT: If Item 21 is marked or Item 18 shows any inj		218. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDIN 21d. INJURY OCCUR WHILE NOT WAT WORK AT WI 220.1 certify that (1 saw the decease obove.) (1) (we) (1 22b. SIGNATURE	ATION DERLYING CAUSE OF DEA CALEXAMINER) RRED WHILE CORK ORK OKT OKT OKT OKT OKT OKT	21b. TIME OF I HOUR A.M. P.M. 21a. PLACE OF (AT HOME, STREET	NJURY MONTH D INJURY , FACTORY, OFFICE, I	AY YEAR 19 FARM, EIC.)	211 LOCATION 211 LOCATION STREET . 19 and that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN	206 AUTOPSY? YES NO	20b. IF YES, VIN CERTIFYII YES RY IN ITEM 18, PART	WERE FIND IN NG CAUSES	NGS USED OF DEATH NO STA
MPORTANT: If Item 21 is marked or Item 18 spows any inj	MEDICAL	216. ACCIDENT WAS UN OR CONTRIBUTING CHEETING, NOTIFY MEDIA 216. INJURY OCCUR WHILE NOT WAT WORK AT W. 226.1 certify that (1 saw the decess above (1) (we) (1) (we) (1)	ATION ADERLYING CAUSE OF DEA CAUSE OF DEA CALEXAMINER) RRED WHILE ORK I) (this hospit sed alive an, (did) (did not) JAME Type of	21b. TIME OF I TH HOUR A.M. P.M. 21a. PLACE OF (AT HOME, STREET tol) attended the continuement of the cont	INJURY MONTH D INJURY L. FACTORY, OFFICE, 1 deceased from ter death.	AY YEAR 19 FARM, EIC.)	21c HOW INJURY OCCUR 21f LOCATION STREET 19	206 AUTOPSY? YES NO RED (ENTER NATURE OF INJUI CITY OR TOV death occurred on the di	20b. IF YES, VIN CERTIFYII YES RY IN ITEM 18, PART	WERE FIND IN NG CAUSES OF PART 2) COUNTY	NGS USED OF DEATH NO STA

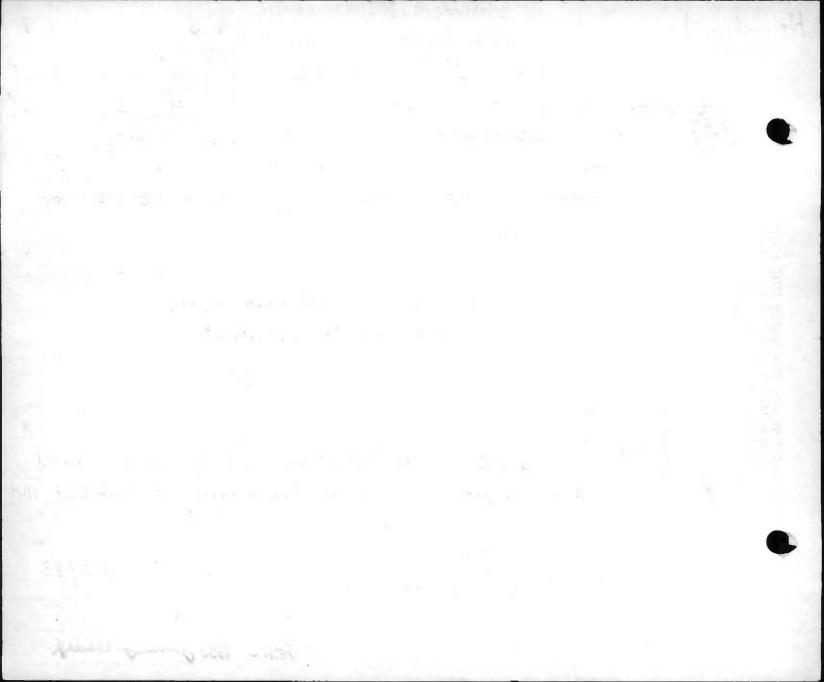
DHMH-16 25M (VRA 15, 4) 1/79

BP.

24 FUNERAL DIRECTOR

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14 / 1	1	MARYLAND STATE DEPARTMENT OF HEALTH			
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0	5 2	2 9
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2g DATE KNOWN DE Month	Day	Year	2b. HOUR
, 2,		(Type or Print) Richard W. Holmes DEATH MATED 4	2	183	6.15 %
Page 5 mg	3. 5	Male White Sept. 13, 1957 yrs. MONTHS DAYS HOURS MIN Month 4 Day			2d. HOUR 7.15 M
		BIRTHPIACE (State or foreign Md. 7b. (ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH COUNTRY? COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH COUNTRY?	1 /		Md
Md. 2120 in 24 hour ii in Item with form	and the same	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital dumants of the street and and y Beach Rd. 12a. USUAL OCCUPATION (Kind of work done dumants of the street and and y Beach Rd.)	12b. INDU:	KIND OF BUS	INESS OR
ORE, Md. 2120 d within 24 hour in pencil in Item alang with form th the State Dep	i3a. a	USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Maryland 13b. COUNTY Cecil 13d. USUBE CITY LIMITS? 13d. USUBE CITY LIMITS? 15d. STREET AND NUMBER 15d Hollingsw	orti	n Mano)r
BALTIMORE, Md. 21201 be executed within 24 hours pending" in pencil in Item er's Office alang with form 1 and 2 with the State Dept		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Quinten V. Holmes Teresa	Kl	ine lost	
d be ex d be ex d be ex d be ex d iner's d	16a. (Y	.WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na Di Onknown) (If yes give wor or doles of service) 218-70-4155 Quinten Holmes Elkton, Md	gsw	orth 2192	Mano 1
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, Md. 21201 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours necessary, please execute the certificate, writing the ward "pending" in Item Item. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Deput	7	18. CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Out TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (c) 18. CAUSE OF DEATH (Enter anly ane cause per line for (o), (b), and (c).) Massive head and neck injury DUE TO, OR AS A CONSEQUENCE OF (c)		APPROXIMATE BETWEEN ONSET	INTERVAL
MEDICAL EXAMINER: This please execute the certificate, should be forwarded to the Chuld be used as a burial-transit and in any event within 72 h	IFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION WAS PERFORMED?		20. AUTOPSY	/? NO 🔀
DIVISION OF VITAL RECO TO DEPUTY MEDICAL EX Is necessary, please execute stor. Page 4 should be forw Is Page 3 should be used as	MEDICAL CERTIFICATION	220. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🔀, Inquiry [Car Car	.)	stote Md
ny delay heral dire- your files SIRECTOR		deoth resulted from: Notural causes , Accident , Suicide , Homicide , Undetermined manner CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) JUAN C Gonzalez-Vitale M.S. ADDRESS(Street, city, town, or county)		72/8	3
after death. If a and 3 to the fur be retained far TO FUNERAL prior to burial	L .		cil		tate)
VR AT5ME (5) 8M-T/70	24.	Home North East, DAPK 1983 25b. REGISTRAR Md	SIGNA	TURE .	



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

		RST .	WIDDLE	110	AST	REG. NO.	DAY YEAR 2b
L	PE OR PRINT)	Abel	(VMI)	4100	Wery	41	6/83/
3. SI	Female	4 RACE Whit	e		h 27, 1906	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HO
4	BIRTHPLACE (STATE OR FOREIC COUNTRY)		WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
10 0	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING CHEACILITY, GIVE STREET A.	DDRESSI	DE DIVORCED :	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Homemaker	NG LIFE) 126 KIND OF B
130	JAL RESIDENCE (IF NURSING H STATE 13b			ADMISSION)	134 INSIDE CITY LIMITS?	136 STREET ADDRESS 1853 Red Toad	Road 2190
14. F	Alfred	WIDDLE	Wolford	d	15. MOTHER'S MAIDEN NAME ERST	MIDDLE	McCoy
	WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	J. S. ARMED FORCES? YES, GIVE WAR OR DATES)	16b. SOCIAL SECUR 219-22-92		Mr. Charles	ADDRESS E. Coleman, Po	rt Deposit
10	7049 Conditions		OR AS A CONSTQUEN	NCE OF	le to Car		0 0
TIFICATION		cich (b) DUE TO, O (c) CANT CONDITIONS C	DR AS A CONSEQUEN	NCE OF	m Diser	IN CE	GIVEN IN PART 1(0 YES, WERE FINDINGS RTIFYING CAUSES OF
EDICAL CERTIFICATION	gave rise to immedia cause la, stating to underlying cause la PART 2 OTHER SIGNIFIC	ich ote to the post of the pos	OR AS A CONSEQUENT ON THE PROPERTY OF INJURY OF INJURY OF INJURY	NCE OF EATH BUT II DPERATION Y YEAR 19	N WAS PERFORMED 21c. HOW INJURY OCCURR 21f. LOCATION	200 AUTOPSY? 206, IN CE YES NO SED (ENTER NATURE OF INJURY IN ITEM	GIVEN IN PART TO YES, WERE FINDINGS RTIFYING CAUSES OF YES
MEDICAL CERTIFICATION	gave rise to immedia cause to stating in underlying cause to underlying cause to underlying cause to part 2 OTHER SIGNIFIC STATE OF CONTRIBUTION CONTRIBUTION CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. IN JURY OCCURRED WHILE AT WORK AT WORK 220.1 certify that (1) (thus sow the deceased all	ich ote to the total part of the potential of the potenti	OR AS A CONSEQUENT ON TRIBUTING TO DISCOURSE OF INJURY M. MONTH DAY M. MONTH DAY M. MO INJURY REET, FACTORY, OFFICE, FAIR M. deceased from	NCE OF EATH BUT P PEATHON Y YEAR 19 RM. ETC.)	21c. HOW INJURY OCCURR 21f LOCATION 51REE1	INAL DISEASE OR CONDITION 200. AUTOPSY? YES NO 14	GIVEN IN PART 1(0 YES, WERE FINDINGS RTIFYING CAUSES OF YES
MEDICAL	gave rise to immedia cause la stating i underlying cause la part 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX 21d. IN JURY OCCURRED AT WORK 22a.1 certify that (1) (the saw the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in the deceased of bove, (1) (we) (did (a) cause in th	ich (b) (b) ote the potential (c)	OR AS A CONSEQUENT OF INJURY OF INJURY OF INJURY REET, FACTORY, OFFICE, FAIR of deceased from of the consequence of the co	NCE OF EATH BUT II PERATION Y YEAR 19 RM. ETC)	21c. HOW INJURY OCCURR 21f. LOCATION STREET 19 d that in (my) (and apinion of the content of t	INAL DISEASE OR CONDITION 200 AUTOPSY? YES NO S ED (ENTER NATURE OF INJURY IN ITEM CITY OR TOWN	GIVEN IN PART TO YES, WERE FINDINGS RTIFYING CAUSES OF YES (OUNTY 19 , 19 , 1hot

DHMH - 16 50M 1/81 (VRA 15, 4)

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The state of the s Hales | March 27, 1996 - 5 70% wood Indiguos noint Committee of 1853 of tond 2000 1900 man Broth 11-12-9222 W. Juries E. Celucan, ovt Consider Co. Harten sale to Cardenagador rest was 15 to them Wortestie Falory Down on Remissy married The sale of the sale of the The CIEBLE TERROR OF PROTORS AND IN THE WORLD TENTS THE REAL PROPERTY OF THE WORLD transl 2 - 2 - 1 Liller

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 high

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and a should be detached for use as the burial-transit permit. Then please remayer carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remayal.

injury, or other traumotic event, the

IMPORTANT: If Item 21 is marked or Item 18 supercong

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STATE OF MARYLAND

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	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 1 0 5 3 1										
	1 DECEA		FIRST 2SS/		MIDDLE .	Jo	hnson	20 DATE OF DEATH	MONTH DA	/83 64	L3 PM
	3 SEX			4 RACE		5. DATE O		6 AGE LIN YEARS LAST BE		UNDER I YEAR IF UNDE	ER 24 HRS
		Female White		White	December 24, 1892		90 YRS MONTHS DAYS HOL		NIHS DAYS HOURS	MIN	
Ś	70. BIRTHPLACE (STATE OR FOREIGN 76 Virginia		1104		MARRIED NEVER MARRIED WIDOWED DIVORCED		(Pail			MD.	
1	E	(IF NOT IN SU		(IF NOT IN SUC	HOSPITAL, NURSING HOME OR OTHER INSTITUTION HEACILITY, GIVE STREET ADDRESS) LION HOSPITAL		120 USUAL OCCUPATION (TYPE OF WORK FOR MOS) OF WORKING LIFE) INDUSTRY HOMEMAKET			VESS OR	
>	Mary	SUAL RESIDENCE (IF NURSING HOME OR OTHER II 3a. STATE 13b. COUNTY Maryland Cecil		TY			13d. INSIDE CITY LIMITS? YES MO	240 Holli	h Manor 2	1921	
1	J4 FATHE	R'S NAME FIRST George		F.	Brewste	er	IS MOTHER'S MAIDEN NAM	ME MIDDLE		Whitt	
		DECEASED EVER		MED FORCES? WAR OR DATES)	166 SOCIAL SECU 229-01-1		17 INFORMANT Miss Lorraine	ADDR B Johnson,		Md. 2192	1
	00	Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse last. Due to, or as a consequence of my action Due to, or as a consequence of conditions constrained to the terminal disease or condition given						UN PART Lo			
	O L	DATE OF OPERAT	TION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 2			20a AUTOPSY? YES □ NO 🏝	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
	0.0	ACCIDENT WAS UND CONTRIBUTING C FEITHER, NOTIFY MEDIC	AUSE OF DEAT	TH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTERNATURE OF INJU	IRY IN ITEM 18 PART	(OR PART 2)	0
	¥ w	HILE NOT WH	ILE 🗍		1e PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN			ОWN	COUNTY	STATE	
		sow the deceose obove, (I) (we) (d. SIGNATURE	d alive on did) (did not				nd that in (my) (our) opinion of DEGREE M ATTENDING	death occurred on the d	ote and hour o		
	0	PHYSICIAN'S NA Theelm, AL, CREMATION,	4100	S 23b, DATE	SACh	ded	220 ADDRESS A. D EMETERY OR CREMATORY	1 K Ton	mo	1 219.	4
	ISPEC	EV)			-36 1	C	ETTER ON CREMATORT	LOCATION .			

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retained by the hospital or attending physicion.

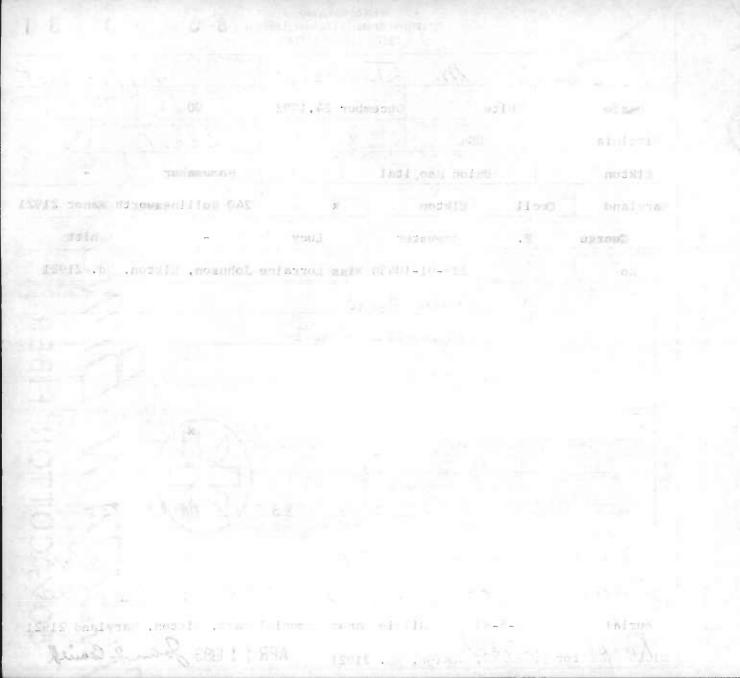
DHMH - 16 50M 1/81 (VRA 15, 4)

Burial

HOME FOR

Gilpin Manor Memorial Park, Elkton, Maryland 21921 4-5-83

ELKTON,



DHMH - 17 (VR A15 ME (5 20M 4/82

1.	FOR STATE REGISTRAR			STATE C DEPARTMENT OF HEA DICAL EXAMINER'		YGIENE 3	0 5 3 2
	ECEASED NAM	AE FIRST		MIDDLE (NMI)	LAST		MONTH DAY YEAR 26 HOUR 4 6 19 83
3. SE	EX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS I	FUNDER 1 YR. IF UNDER	24 HRS. 2c DATE /	MONTH DAY YEAR 24. HOUR 5:30
	emale	White	SEPT. 12	,1919 63 YRS.		DEAD 9. BALTIMORE CITY OR	4 6 1983 D M
É	FOREIGN COUNTRY))	USA	WIE	ARRIED NEVER MARRI	ED Cecil County	y MD.
1	Elkto	n	3 Crest		21	12a. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE) Homemaker	F WORK 12b. KIND OF BUSINESS OR INDUSTRY
13a.	JAL RESIDENCE STATE ary land	13b. COUN	1TY	13c. CITY OR TOWN Elkton	13d. INSIDE CITY LIMITS? YES \(\square\) NO \(\sqrt{S}\)	13e STREET ADDRESS 3 Crest Road	21921
1	FATHER'S NAME FIRST	ic	MIDDLE	Felber	15. MOTHER'S MAIDE FIRST Gizel:	la -	Mihalusz
	WAS DECEASE (YES, NO, OR UNKN	ED EVER IN U.S. AR.	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO 141-32-7938		ADDRESS Liszt. Elkton. 1	Md. 21921
CERTIFICATION	gave r cause (d lying ca	ons, if any, which rise to immediate a) stating the under- ruse last. SIGNIFICANT CONDITIONS	(b) DUE TO, OR (c) CONTRIBUTING TO DEATH	AS A CONSEQUENCE OF AS A CONSEQUENCE OF RUT NOT RELATED TO THE TERMINAL D Abetes mellit TION FOR WHICH OPERATIO	us	RT 1 (a).	20 AUTOPSY?
MEDICAL CERTIFI		ING CAUSE OF	DEATH P.M	MONTH DAY YEAR	LOCATION	D (ENTER MATURE OF IMJURY IN ITEM 18 PAR	YES NO X
MEC	WHILE AT WORK	NOT WHILE [STREET, FACT	TORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
2		tify that I taak charg	ge of the remains desiral causes X,	Accident , Suicide	TITLE (SPECIFY) M.D. Assistan	Undetermined manner ,	DATE SIGNED 4-7-83
23a.	(SPECIFY)	ATION, REMOVAL	236 DATE	23c. NAME OF CEMETER	RY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	Buria FUNERALS HICKS	284 6.	4-9-83 Theckwoodss PUNERALS,	ELKTON, MD. 2	25a. DATE F	Cemetery, Cherry REC'D. BY REGISTRAR 236 REGISTR 1 2 1983	RAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) 3 SEX AGE (IN YEARS LAST BIRTHDAY) Male White TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Phila. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FAGILITY, GIVE STREET ADDRESS! Ret. Pachinist Elkton USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE arleville 13d INSIDE CITY LIMITS? 13e. STREET 1909ES Circle Drive 21919 ecil 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Alexander Lobacewicz Anna 166 SOCIAL SECURITY NO 17 INFORMANT Frances A. Lobacewicz III Circle Dr. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Preumonia IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MeBoTherioma Conditions, if any, which gave rise to immediate couse (a), stoting the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? NO 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive one above (1) (we) (did) (did not view the body after death DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 50M 1/81 (VRA 15, 4)

RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOXX YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) (my) (our) opinian death occurred on the date and hour and Iram the causes stated 223 W. Main St, Elkton, Md. 2192 Francis Exavier 250. DATE REC'D. BY REGISTRAR (SHEGISTRAR'S SIGNATURE

STATE OF MARYLAND

2b HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1.	STATE REGISTRAR				CERTIF	ICATE OF DEAT	TH	REG.	NO.		
1. DE	CEASED NAME	A PROFE	MID	DIE	i.	AST		2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR 5-40
		Taggle	- (-	5	Lu	cas			4-1	1-83	5 FINM
3.58	Female	C	aucas	ian	5 DATE O	DAY	YEAR SS	AGE (IN YEARS LAST I		UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.
70.B	RTHPLACE TSTATE OF	OHIGN 76 C	ITIZEN OF WE	HAT COUNTRY?	8 AAADDIE	NEVER MARR	9	BALTIMORE CITY	-	FDEATH	
X	bth County	Va.	USF	9	WIDOWE				Ce	cil	MD.
Ja c	Eliston	NTH 11.	IF NOT IN SUCH	ACILITY, GIVE STREET AL	SHOME ODRESS)	enter institut		20 USUAL OCCUPA (TYPE OF WORK FOR MOS!	OF WORKING LIFE)	INDUSTRY	home
DSU IJo	aryland .	COUNTY (ec	. , 13	VE RESIDENCE BEFORE A	1	13d INSIDE CITY LI		3e. STREET ADDRESS	1/	ont?	2/92/
14.7	John	Cla	yton	LAST GWA	n	15. MOTHER'S MA		Ann		Gilla	spie.
	WAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARMED (IF YES, GIVE WAR		None	ITY NO.	Phillis G	ardre	(Glent	RESS Crms 1 Rosem	Vena	rk Del.
CERTIFICATION	Canditions, if any, gave the to immediate to immediately process of the process of the control o	which fredian g the jan (COND	(b) DUE TO, OR A (c) DITIONS CON	1	ICE OF	NOT RELATED TO T		E Henri AL DISEASE OR CO	NDITION GIVEN		
RTIFIC	6							YES NO	IN CERTIFYIN	NG CAUSES	OF DEATH?
MEDICAL CI	21a, ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC THE HALLEY OCCURE WHILE NOT WHAT WORK NOT WHAT WORK 22a.1 certify that (1) saw the decease above, (1) May 1/4 THE STONATURE	AUSE OF DEATH CAL EXAMINER) 2 (this haspital) a Foldlive an view	P.M. The PLACE OF AT HOME STREET Ittended the converted the bad att	MONTH DAY INJURY FACTORY, OFFICE, FAF deceased from	19 RM, ETC)	211. LOCATION STREET , 19 d that in (my) (aur) DEGREE ATTEN	apinian dec	city on 1 ta ath accurred an the MEDICAL ST. DIRECTOR PHYS	19. date and haur a	COUNTY	
23n	BURIAL, CREMATION, I	DNA L	DATE	- ES	3/19	METERY OR CREM	ATODY.	123d LOCATION	546	7	ND,
7	(SPECIFY) Buria	CSS NAME	4-20-8	3. Cede	rhil	L Cemeter	7//	Covingtor		heny	Va.
17	DIRECTOR	St. 1911	e H	JI CADDRESS		eton, Md.	APR	2 0 1983	John	g. Con	helf

DHMH - 16 50M 1/81 (VRA 15, 4)

10 FUNERAL DIRECTOR: A should be detached for use with the State Dept, of Heal

MPORTANT, If Inm 21 is marked or Hem

04 1 10 EALES 100 E the section which is defined in Man, M. P. ROMBO CA. P. CLER

	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 3	10.	0 5	3 5
		CEASED NAME OR PRINT)	FIRST		NMI		AST IO ED TAN	2a. DATE OF DEATH		Y YEAR	7:30am
	2 651		GEOR	G E 4. RACE	NMT	MAN S. DATE C	IGER IAN	April 5	, 1983	FUNDER 1 YEAR	F UNDER 24 HRS
	3. SEX	Male		Nontro		DAY WEAR	88	MC	ONTHS DAYS	HOURS MIN.	
	7a 81	RTHPLACE (STATE OR	OREIGN		WHAT COUNTRY	2 8	1ab1e1895	9 BALTIMORE CITY	YRS.	OF DEATH	
17	. (rmenia	ORCIOIS		State	AAADDIE	NEVER MARRIED		l Coun		1M
3	Pe	rry Point	Md	11. NAME OF I	HOSPITAL, NURSI H FACILITY, GIVE STREE Edical Ce	NG HOME C T ADDRESS) en ter	R OTHER INSTITUTION	12d. USUAL OCCUPAT (TYPE OF WORK FOR MOST Carter		126. KIND O INDUSTRY WOOL	F BUSINESS OR
17	USU/ 13a. S	AL RESIDENCE (IF NURS TATE . C.	ING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? Washington YEST NO		13e. STREET ADDRESS (20008) N.W. 2865 29th Street, N.W.			N.W.		
01	14 FA	THER'S NAME Charles	^	Mang	gerian		15. MOTHER'S MAIDEN N	Available		LAS	ī
2		YAS DECEASED EVER		MED FORCES? (WAR OR DATES)			17 INFORMANT	ADDR		00 #1	7
9		1 8 CAUSE OF DEAT	WW J		012-09-		Charles M	angerian,	Same		MATE INTERVAL
	NOI		nediote og the lost.	(c)	r as a conseou	JENCE OF	NOT RELATED TO THE TER				
2	CERTIFICATION	190. DATE OF OPERA				H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFY YES		
9		218. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	Р.	M. MONTH [M.	DAY YEAR		JRRED (ENTER NATURE OF INS	DRY IN ITEM 18, PAR	RT I OR PART 2]	
	MEDICAL	21d. INJURY OCCUR WHILE NOT WE AT WORK	RK	(AT HOME, STI	OF INJURY REET, FACTORY, OFFICE		21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
		220.1 certify that X XXXXXXXX obove, (1) (we) (XXXXX	(XXXXXX)	<u>XXXXXX</u> X	Decem	her 9 , 19 81 and that in (my) (our) opinion	n death occurred on the	date and hour	,	tha XIX XXXXX couses stated
		226. SIGNATURE	hum	sn. al	azers		DEGREE ATTENDING PHYSICIAN		AFF ICIAN [X	22c. DATE	-5-83
1		22d. PHYSICIAN'S N	AME (TYPE O				VAMC, Perry				
		Burial, CREMATION, SPECIFY Burial	REMOVAL	23b. DATE A. 8, 1	DITT		memerery or crematory m Mem. Parl	Rockvil	le, Ma	arylar	nd STATE
82	24. FI	Pobert A	Dumn	hvor Fr	ADDRESS	me Re	thosda Md	ATE REC'D. BY REGISTRA APR 13 1983	C REGISTR	AR'S SIGNA	Harris

THE RESIDENCE OF STREET, AND ADDRESS OF THE PARTY OF THE

1 5 SSET 1 THICK Torry Moint, Hd. Whilestenl Contact [15] Sec. 20[10] [15] espositional pinterafacatroses January out was not be not applying. KKKKK S3 3 114 98 - 7 - A March Jeres Turnik lid.

DHMH - 16 50M 4/82 (VRA 15, 4)

FOR - STATE

	ľ	REGISTRAR				CERTIF	ICATE OF DEATH	F	REG. NO.			
		CEASED NAME	FIRST		MIDDLE	L	AST	20. DATE OF DE		NTH DA	Y YEAR	2b. HOUR
	(ITPE	OR PRINT)	CHAR	RLES	LEFF		NICHOLS, So	April	27, 1	1983	74.18	2:20pm
1	3. SE			4. RACE		5. DATE C		6. AGE (IN YEARS	LAST BIRTHD		NINS DAYS	IF UNDER 24 HRS. HOURS MIN.
		WOLE		MPost	E	FEP WONIE	7, 1894	89		YRS.		MIN.
00	7a. Bi	RTHPLACE (STATE COUNTRY)	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9. BALTIMORE		OVINUO:	OF DEATH	
2	10. C	TY OR TOWN OF D	ATH			WIDOWE NG HOME C	D DIVORCED D	12a. USUAL OCC			12b. KIND O	MD OF BUSINESS OR
3		erry Poin		NOT IN SU	Medical	ADDRESS)		CALE OF WORK FOR	R MOST OF WO	ORKING LIFE)		
3	13a. S	AL RESIDENCE (IF NO STATE CARYLAND	No. COUN	NTY CO.	13c. CITY OR TOW	/N .	13d. INSIDE CITY LIMITS?	130. STREET ADD		hyille	Road	194
20	_	THER'S NAME		MIDDLE SUS	Nichols		15. MOTHER'S MAIDEN NA	M	NIDDLE		Wag	OHET
2	1 0	VAS DECEASED EVE	R IN U.S. AR	MED FORCES?	166. SOCIAL SECU	JRITY NO.	Mrs, Alma L. N	38-6703	ADDRESS	Wen	= Dond	1 17
					r line for (a), (b), or				170	-		IMATE INTERVAL ONSET AND DEATH
other troumatic event,		Conditions, if or gove rise to in cause (a), sto underlying tou	y, which nmediate ting the	(b)_	Arteri Aras a consequ	ENCE OF OSCIE	iratory arres	disease		1.4		
	Z			CONDITIONS C			SCULAT ACCIDE NOT RELATED TO THE TERM					D'
1	CERTIFICATION	19a. DATE OF OPER	ATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPS			WERE FINDIN	
9		210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DE	AID .	DF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE	OF INJURY IN	TEM 18 PAR	RT I OR PART 2)	
	MEDICAL	216. INJURY OCCU	RRED		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	21f. LOCATION STREET	C	ITY OR TOWN		COUNTY	STATE
		22a.1 certify that	X (this hosp X X X X X X (did) (did no	ital) attended th	ne deceased from	Marc	h 28 , 19 dd thot in (my) (our) opinion	33, to Ap	n the date	ond hour	ond from the	couses stated
		226. SIGH URE	um	0/00	Janu	- ~	ATTENDING PHYSICIAN	_ MEDICAL _	STAFF		22c. DATE	SIGNED
1		J. R.		M.D.			VAMC, Perry	y Point,	Md.	Х.,	<i>}</i>	
≥		BURIAL, CREMATION	, REMOVAL				EMETERY OR CREMATORY	23d. LOCATIO	OWN		COUNTY	STATE
		2 4 1		April 30	1983 1	7.00	mall of Can	RELATION TO	Ma C.		Don- La	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FUNERAL DIRECTOR
FOSTEr Funeral Home, Bel Airon Md. 21014

The property of the state of th Service Visionidad in the same and the property of the second second

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH 26 HOUR TYPE OR PRINT uth 3. SEX 5 DATE OF BIRTH 6 AGE LIN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HR White temale Jan. 1907 76 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED unnetton W. WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Union Hospital ducation eacher ORTOWN 13e. STREET ADDRES 13d INSIDE CITY LIMITS? aruland eci Ikton YES X NO [arriage Lane 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Henry Pargaret NOSS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Allison Parrack 8 (arriage Lane Elkton M. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY MY OCHRAIAL IN FARCTION IMMEDIATE CAUSE 10 ŏ DUE TO, OR AS A CONSEQUENCE OF cremotion, CONUN MRY Conditions, if ony, which gove rise to immediate couse (o), stating the TPTEMUSCLENOTIC CANSILVANCEMENT DISENCE othe Then please in taburial, cre underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 0 prior permit. any 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? burial-transit perm A Mental Hygiene p IN CERTIFYING CAUSES OF DEATH? NOF YES [attending physicia NO [certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH or Item MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN .. COUNTY STATE morked NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from DIRECTOR 2 7 sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death Dept. SIGNATURE DEGREE 22c DATE SIGNED detach 140-MEDICAL shauld be deta **ATTENDING** STAFF FUNERAL DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL Buria Elkton (emetery DHMH - 16 50M 1/81 (VRA 15, 4)

Tengellon , a. 4, 5, 5, the sent and the s The many the second of the second the second

141		MARYLAND STATE DEPARTMENT OF HEALTH	- 7 0
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	3 3 0
HEALTH DEPT.		DECEASED-NAME First Middle Cost 20. DATE KNOWN Month Day	
1, 2, 14		Charles A. Poole DEATH MATED 42	
Pages 1, ge 5 may		Male White June 16, 1927 55 YRS. MONTHS DAYS HOURS MIN Month 4 Day 27	Year 1983 3 34 M
	200	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED (ecil	Mc
Md. 21201 n 24 haurs il in le with fo			KIND OF BUSINESS OR USTRY Town
E B B		odmission) STATE New York 3. COUNTY Hampstead Port Wash. YES NO 49 (arlton St.	99999
MOR in p in p	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
BALTIMORE s executed wi ending" in pe 's Office alon and with the			enderson
d be en la b		NAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	t Wash Nu
301 W. PRESTON STREET, ER: This certificate should b tificate, writing the ward "y the Chief Medical Examine I-transit permit. File pages iin 72 haurs after death.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A Cute my ocardial infarction	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
FON ffication ing the redice		DUE TO, OR AS A CONSEQUENCE OF	
PRES cert writ writ ief M		Conditions, if ony, which gove rise to immediate cause (a), Stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF	
R: This ficate, the Ch		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
EXAMINER: This certificate shoul ute the certificate, writing the ward the certificate, writing the ward nawarded to the Chief Medical Examas o burial-transit permit. File page event within 72 haurs after death.	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
WITAL RECORDS, 301 W. PRESTON STREET MEDICAL EXAMINER: This certificate should lease execute the certificate, writing the ward hould be forwarded to the Chief Medical Examit to be used as a burial-transit permit. File pages and in ony event within 72 hours after death.	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
NOFVITAL RECO	CAL CERT	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOW A.M. P.M. 19	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIN TO DEPUTY MEDICAL EXAMINER: This certificate should be executively is necessary, please execute the certificate, writing the ward "pending" all directar. Page 4 should be forwarded to the Chief Medical Examiner's Office in files. ECTOR: Page 3 should be used as a burial-transit permit. File pages I and the motian, ar removal, and in ony event within 72 hours after death.	MEDICAL	WHILE NOT WHILE factory, office building, etc.)	ounty State
IVISION DEP		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	ond in my opinion
DIVISION C TO DEPUTY TO DEPUTY Slay is necessary, director. Poge 4 files. TOR: Page 3 sha		deoth resulted from: Noturol couses, Accident, Suicide, Homicide, Undetermined monner	ond in my opinion
any delay is inneral direct yaur files. DIRECTOR: cremotian,		ACTUAL CHIEF MEDICAL EXAMINER CONTROL STATE	ICD.
If any funer or yau		SIGNATURE EXAMINER'S JUAN C. GONZalez-Vitale, MD DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPU	-27-83
er death. If any de 1 3 to the funeral retained for your FUNERAL DIREC or to Boriol, cremo		NAME (Type) Union Hospital Elkton m) 21921 ADDRESS(Street, city, town, or county)	
ofter death. If any do ond 3 to the funeral be retained for your TO FUNERAL DIREC	1	o. BURIAL, CREMATION, PROVIDENCE OF COMMENTAL CONTROL OF CONTROL OF COMMENTAL CONTROL OF CONTR	New York
4999 (NO A15ME (5)	24.	FUNERAL DIRECTOR Edward M. McKor ADDRESS SILL MA SEGUET REGISTRACE SEGUET AND ADDRESS MARY BY	Milely
7 000 17.0		Gee Funeral Home 259 East Main St. Elkton Md. DATE 1900	



Alian Commence

TO FUNERAL DIRECTOR, After this certificate has been ugated by the attending physicion and completely filled as by should be detached for use as the buriof-transit permit. Then please remove corbat papers. Pages 1 and 2 should be filled with the State Dept. of Medith and Medial Mygesse prior to buriof, cremation, or removal.

injury, or other traumatic event, the

MEDRIANT: If them 21 is marked or them 18 shows any

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	100	REGISTRAR		CEKIII	ICATE OF DEATH	REG. NO).		
	1. DE	CEASED NAME FIRST	WIDDEE		LAST	20. DATE OF DEATH		AY YEAR	2b. HOUR
	EXAME	CHARLE	S HERMAN	RA	ECH	APRIL	_ 1,	1983	5 30 gm
	3. SE)	K	4. RACE	5. DATE (6 AGE (IN YEARS LAST BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS
		MALE	CAUC.	Fel		69	YR5.	ONTHS DAYS	HOURS MIN.
×	CCC	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH	
2	M	TITA. PH	U.S.H.	WIDOW		Cec	1		MD.
	ie. Ci	LKTON	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET UNION HOSF		CECIL CO.	(TYPE OF WORK FOR MOST OF CARPENTE	WORKING LIFE)		FBUSINESS OR
5	13a S	STATE 13b. COUN	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW EARLES		YES NO	36 OLD	BAR	N2-19	49
2/	H. FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		LAST	
Æ		HERMAN	KAECH		HUNA			HLEN	
П		VAS DECEASED EVER IN U.S. AR (ES, NO OB UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECU E WAR OR DATES)	RITY NO.	17. INFORMANT	ADDRES			
		No	716-16-	6827	KUTH KA	ECH - WI	re-	ZHME	
	-1	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), and						MATE INTERVAL ONSET AND DEATH
			TE CAUSE (a) Ca of	the	larynx wit	h distant	mets	8 n	nonths
1		1619	DUE TO, OR AS A CONSEQUE	NCE OF					
		Canditians, if any, which	(b)						
- 1		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NICE OF					
		underlying cause last.	DUE TO, OR AS A CONSEQUE	INCE OF					
		PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVE	N IN PART 10	1
A	S O	Malnutri							
7	AT	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		WERE FINDIN	
	CERTIFICATION					YES T NODE	IN CERTIFY YES	ING CAUSES	OF DEATH?
~	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR				
1		OR CONTRIBUTING CAUSE OF DEA	All .	AY YEAR					
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
	ME	AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F		STREET	CITY OR TOWN	1	COUNTY	STATE
	-01		tal) attended the deceased fram_	_	. 19 82				that (I) (we) last
	1	saw the deceased alive an abave, (1) (we) (did) (did no	t) view the bady after death.	, ai	nd that in (my) (aur) apinian o	death accurred an the dat	e and haur	and fram the c	causes stated
	0	22b. SIGNATURE) /		DEGREE	T. R. B. T. V		22c. DATE S	SIGNED
		walles of	Unitain m.D		PHYSICIAN	MEDICAL STAFF	AN []	4 A	Apr 83
ħ		22d. PHYSICIAN'S NAME (TYPE O			22e ADDRESS				
		Wallace Obe	nshain, M.D	2.2	Cecilton	,Md.			
		SURIAL, CREMATION, REMOVAL	23b DATE 23c.N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		OUNTY .	a STATE.
	. "	BURIAL	5-4-83 5	T. 5	TEPHEN'S	EARLEV	LLE	Ceci	IMD
	24 FL	INERAL DIRECTOR	ADDRESS	1	250. DATE	E REC'D. BY REGISTRAR ?	Sh. REGISTR	ar's signati	JRE

DHMH-16 60M 1/73

TO HOSPITAL OR ATTENDING PHYSICIAN. The law retained by the hospital or attending physician.

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STATE OF MARYLAND

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	T - STAT	TE ISTRAR			DEPARTA		ICATE OF DEATH	REG. I	NO.	0	5 4 0
	1. DECEASE (TYPE OR PRIN		Jos e		C		ARDSON	April 2,	1983	Y YEAR	26. HOUR 4:20p M
	3. SEX Ma	le		4. RACE Whi	te	April	5 30° 192°	6. AGE (IN YEARS LAST E		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
9	70. BIRTHPL	ACE (STATE OR	FOREIGN	U.S.		WIDOWE		9. BALTIMORE CITY Cecil		FDEATH	MD.
1	Pe	rry P	oint	VA Medi	HEACILITY, GIVE STREET cal Cente	er Per	cry Point, MD	12a. USUAL OCCUPA (TYP) OF PROPERTIES MOST	TION OF WORKING LIFE)	12b. KIND O	tion
)	130. STATE	•	13b. COUL	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	134 STREET ADDRESS	shtown	190 Rd.	
1	J4. FATHER		M. R	Tchard	son LAST		Maybel.		Gille	tas tas	Ti
		S UNKNOWN)	NU.S. AR	MED FORCES?	166. SOCIAL SECU 240-20-		Shirley El		Z Iris		
	Coni govi cous undo	ditions, if only e rise to imple (0), stoti	VAS CAUSE IMMEDIAT I, which mediote ng the e lost.	D BY: E CAUSE (o) DUE TO, O (b) DUE TO, O (c)	r as a conseque SEVERE CO r as a conseque	CARDI ENCE OF RONAR	AL INFARCTION RY ARTERY DISE	EASE		5	unate interval onset and death day yrs
)	NO		TIPLE	PRIOR M	YOCARDIAL	INFA	NOT RELATED TO THE TERM ARCTS N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	
	OR CO		CAUSE OF DEA	HOUR A. P. 21e. PLACE	M. MONTH DA M.	19	211 LOCATION STREET	YES NOTE NATURE OF IN.	YES		NO
	S C	certify that (I	K(this hospi		e deceosed from	83_, or	nd that in (n) (our) opinion	, toApr 2 death accurred on the	dote and hour o		
	1400	HVSICIANISM	9	d	Cahen		1. D. ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN	A	RIL 2,148

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TO HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the fushauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, ar other traumotic event, the medical (Xag

IMPORTANT: # Item 21 is morked or Item 18 shows ony

DHMH - 16 50M 4/82 (VRA 15, 4)

IRVING A. COHEN, M.D. 230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23h DATE

VAMC Perry Point, MD 23c. NAME OF CEMETERY OR CREMATORY Gilley Cem.

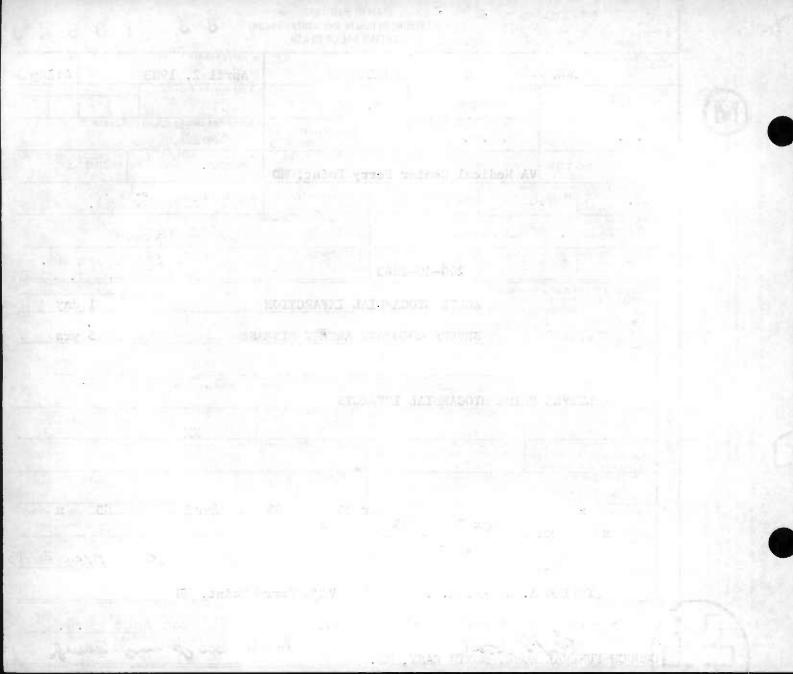
23d LOCATION CITY OR TOWN Clifton

Ashe

STATE

ADDRESS CROUCH EAST

24. FUNERAL DIRECTOR



1	W	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, above should be detached for use as the build-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burnot, cremoval.	
	oge 4	Irrectar ours afte	. 1
	deoth. P	uneral a	20
5	saffer	by the fa	The state of the s
717 04	24 hour	lled in	25
AKILA	within	pletely f	The Market
OKE, M	xecuted	nd cam	dical d
SALIIM	ate be	rsician o pers. Po	t, the me
	certific	ling phy irbonpo	tic even
CIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARTEANO 21201	e death	mave co	frauma
	thot th	ed by the	or other
ORUS, A	require	en signe Then par tabu	rinjury.
AL REC	The law	has be it permit	100
	ICIAN:	ertificate ial-trans	em 18 s
	3 PHYS	the bur	ked or It
2	TENDIN	OR: Afte	l is mar
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 is retained by the hospital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicic should be detached for use as the burial-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exeminer must be lead abonce.
	SPITAL d by th	I be dete	TANT
	TO HO	should with th	MPOM/

FOR - STATE REGISTRAR

DEPARTA	MENT OF H	E OF MARYL EALTH AND ICATE OF I	MENTAL HYG	IENE 8	3 REG. NO		0	5	4	-
Walla	ce R	OBER	15,51		19-83	MONTH	DAY	YEAR	26 HOU	A.
ite	5 DATE C	il 17,	1909	6 AGE (IN	YEARS LAST BIRT	THDAY) VRS.	IF UNDE	DAYS	IF UNDER	24 HRS MIN.
S.A.	MARRIE WIDOWE	D NEVER	MARRIED	9 BALTIMO	Ceci		Y OF DE	ATH		ME
OSPITAL, NURSIN			NOITUTION	(TPE OF WO	OCCUPATION ASTO	F WOFKING L	IFE) 12b	KIND OI	r BUSINI	SS OR
GIVE RESIDENCE BEFORE	admission)	13d INSIDE C	13e STREET	W. Th	omso	n Dr	ive	219	21	
Roberts 15. MOTHER'S MAIDEN NAM					WIDDIE			LAST		

	1 DECEASED NAME FIRST	LAND MIDDLE	II PLAST	AGOITE S.	2a DATE OF DEATH MON	NTH DAY YEAR	25 HOUR			
	3. SEX	4. RACE	Uace ROI	ТН	6 AGE (IN YEARS LAST BIRTHDA	AY) IF UNDER I YEAR	IF UNDER 24 HRS			
	Male	White		17, 1909	74 YRS. MONTHS DAYS HOURS MIN.					
5	70 BIRTHPLACE (STATE OR FOREIGN ASheville, N. (.	76 CITIZEN OF WHAT COUN U.S.A.	MARRIED WIDOWED	Sever Married DIVORCED	BALTIMORE CITY OR C	OUNTY OF DEATH	MD.			
1	10. CITY OR TOWN OF DEATH Elkton	11. NAME OF HOSPITAL, NU	PRSING HOME OR OT STREET ADDRESS PRIVE	HER INSTITUTION	120, USUAL OCCUPATION (The of work for most of wo	DEKING LIFE) 126 KIND C	of Business Or avel			
0	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE	OTHER INSTITUTION GIVE RESIDENCE 13c. CITY OR	TUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 14. W. The				21921			
	(hristopher	15. MOTHER'S MAIDEN NAME				LAS	ST.			
,	160 WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN) (IF YES, UN	A - CONTRACTOR OF THE		rothy E.	Roberts 141 W.	Elkton, M. Thomson L				
7	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING 196 CONDITION FOR WI	TO DEATH BUT NOT	CLATED TO THE TERM SPERFORMED		ON GIVEN IN PART 10	NGS USED			
7	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTEY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE NOTEY MEDICAL EXAMINER 220. I certify that (I) (His hospit saw the deceased alive on obovers) (me) (did) (did not 27b. SIGNATURE) 220. PHYSICIAN'S NAME (TYPE OF	P.M. 21e PLACE OF INJURY (AI HOME STREET FACTORY OF O1) ottended the deceosed fr) view the body after death	om 211. PICE FARM EIC 1 DEGRI	in (my) (out opinion	CITY OR TOWN to deoth occurred on the date of DIRECTOR PHYSICIAN BY DEED CALL CONTROL OF TOWN TO	COUNTY 19 19 22c. DATE	state that (I) (we) lost couses stated			
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	23b. DATE 4-22-83	herry Hil	RY OR CREMATORY		U Cecil	STAYE.			
	24 FUNERAL DIRECTOR CEST E	INCHAL HOME, ADD	A. Elkton	, Md. P	R 2 5 1983	REGISTRAR'S SIGNAT	hulf			

DHMH - 16 50M 1/81 (VRA 15, 4)

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•	ofter death. P.	y the funeral di	hunted set byde.
	Within 24 hours	d in belling in the state of th	miner english be
	TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital as attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and condition filled in by the time of the fact page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Page 1 met 1 method with a method when the principle of the plant of the plant and Mental House part of the plant of the pla	IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical committee marked at brown
	death certifica	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers, with the State Deat of Health and Mental Honeine ariar to burial, cremotian, ar removal.	raumatic event,
	quires that the	Then please rem to burial, crem	njury, or other t
	AN: The law re	ficate has been transit permit. Hydiene arian	18 shpres any
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or offending physician.	After this certing of the burial-	marked ar Item
	AL OR ATTENI	etached for us	T: If Item 21 is
	TO HOSPITA	should be d	IMPORTANI

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH DECEASED NAME EIRST MIDDLE YEAR 2b. HOUR TYPE OR PRINT JAMES BENJAMIN ROBINSON APRIL 3 1983 3:20A 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3 SEX 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR MONTH 2L M B 6 58 In BIRTHPLACE 7% CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED Md USA Cecil WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IL CITY OR TOWN OF DEATH 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY PERRY POINT, MD. MEDICAL CENTER PERRY POINT Chemist Govit 13a. STATE 13c CITY OR TOWN 13a. STREET ADDRESS 13d INSIDE CITY LIMITS? Md Harford Bel Air 9 Corns Drive NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST Brinton Tsabelle Brown Daniel Robinson 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 113-7/16 209 14 2293 Creola Robinson same as above ves APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (C) METASTATIC CARCINOMA DUE TO, OR AS A CONSEQUENCE OF 5 Yrs CARCINOMA OF ESOPHAGUS Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOXX YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d INJURY OCCURRED 21s. PLACE OF INJURY COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE APRII 220.1 certify that (I) (this hospital) attended the deceased from APRII 83 APRIL saw the deceased plive on_ 83 and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22c. DIATEAN 22b. SIGNATURE DEGREE ATTENDING MEDICAL 0 PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS IRVING A. COHEN VAMC, PERRY POINT, MD 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE Burial Clarks United Methodist Kalmia Harford

24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

Arnold Beard, Havre de Grace, Md.

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requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital ar ottending physician of once.

STATE OF MARYLAND FOR STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

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REGISTRAR		CERTII	TERTE OF DERTIN	REG. NO).		
DECEASED NAME			AST	20. DATE OF DEATH		29: 110011	
	SCHER	MANN, Frank W.		Apri	1 10,1983	3:40P	
. SEX	4 RACE	S. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS DA		
Male	W	hite Fe	6.23, 1919	64	YRS.		
BIRTHPLACE (STATE OR		WHAT COUNTRY?	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH		
Penna.	u.s.	A. WIDOWE		10011		M	
O. CITY OR TOWN OF DEA		HOSPITAL, NURSING HOME C	OR OTHER INSTITUTION	ON 12b. KINI F WORKING LIFE) INDUST	D OF BUSINESS OR		
Perry Point.		dical Center		Labore			
30. STATE Maryland	ING HOLE OR OTHER INSTITUTION 136 COUNTY Harford	GIVE RESIDENCE BEFORE ADMISSION) 130. GITY OR TOWN	134. INSIDE CITY LIMITS?	130. STREET ADDRESS	ir Road J	21047	
Joseph	WIDDLE	Scherman	15. MOTHER'S MAIDEN N.		Wi	indt	
WAS DECEASED EVER	IN U.S. ARMED FORCES?	187 07 0654	VAMC, Per	ry Point, Ma			
18 CAUSE OF DEAT PART I. DEATH W	H (Enter only one couse per	r line for (a), (b), and (c).)			BETWE	POXIMATE INTERVAL	
41412	IMMEDIATE CAUSE (a)	Pulmonary ede	ema, bilatera	myocardial			
cause (a), stating underlying cause	Conditions, if ony, which gove rise to immediate cause (io), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN Arterionephrosclerosis, moderate, severe						
á Arteri		osis, moderate	e, severe				
Arteri 19a. DATE OF OPERA 21a. ACCIDENT WAS UN	TION 19b. COND	ITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	DINGS USED SES OF DEATH? NO [
OR CONTRACTOR	CAUSE OF DEATH HOUR A	DF INJURY .M. MONTH DAY YEAR .M. 19	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)	
(IF EITHER, NOTIFY MEDI 21d, INJURY OCCUR WHILE NOT WA AT WORK AT WO	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN COUNTY	STATE	
	(this hospital) attended the dive an did widow view the body		3-24-, 19-83 nd that in 05% (our) opinion		-10-, 19 <u>83</u> ate and hour and from		
22b. SIGNATURE	leesn		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _	4-11-83	
M. N.	ATAY, M.D.	7	VAMC, Perr	y Point, Md.			
30. BURIAL, CREMATION,	REMOVAL 23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			

BP. DHMH - 16 50M 4/82

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 shauld be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, or other troumatic event, the

IMPORTANT: If them 21 is morked or them 18 shows any

(VRA 15, 4)

Lee A. Patte

son,

Woodlawn Mem

Park Allentown, L 250. DATE REC'D. BY REGISTRAR 25b. Lentown, Lehigh (o., P Y REGISTRAR 256, PEGISTRAR'S SIGNATURE

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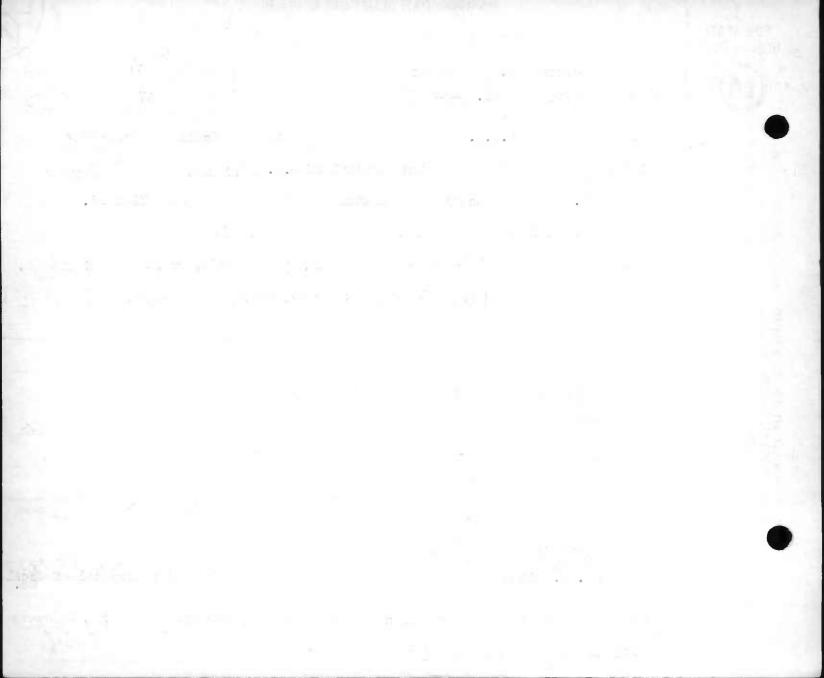
	FOR STATE REGISTRAR			MENT OF H	E OF MARTLAND SEALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.	0 5 4		
	DECEASED NAME	NORE 14 RACE	MIDDLE // M	Z DAYE	Seglin DEBIRTH	20 DATE OF DEATH	4/2	Y YEAR 26 HOU		
1	Female	White	9		UST 3, 1924	58	ONTHS DAYS HOURS			
01	New York	USA NAME OF	HOSPITAL, NURSIN	WIDOWE	D NEVER MARRIED DIVORCED DO OTHER INSTITUTION	9 BALTIMORY CITY OR COUNTY OF DEATH				
E /	E1kton	(IF NOT IN SU	ion Hospi	Hospital				126 KIND OF BUSINE INDUSTRY SOCIATES, In		
101	in STATE Na York Na	SSAU	13c. CITY OR TOW Merrick			246 Wynsum Ave		nue, 1156		
128	FATHER'S NAME FIRST Maurice	WIDDIE	Schwar		15. MOTHER'S MAIDEN NAI FIRST Julia	MIDDLE		Weiss		
Sedico Maria	(YES, NO OR UNKNOWN) NO	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECU 122-14-7		Mr. Stanley	Seglin, Me		N.Y. 1156		
emotion, ar remova	18 CAUSE OF DEATH IEnter PART I. DEATH WAS CAL LION Conditions, if ony, which gove rise to immediate couse (a), stating the	DUE TO, C	ACUT.	E M NCE OF RY	YOCARDIAL ATHEROSCL			approximate intel Between onset and 3 day		
permit. Then please are prior to burial, cr	PART 2 OTHER SIGNIFICAN 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	t CONDITIONS <u>C</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, \	WERE FINDINGS USE NG CAUSES OF DEA		
	00.000.000.000.00	DEATH	OF INJURY .M. MONTH DA	YEAR	21c. HOW INJURY OCCURE					
h and Me	OR CONTRIBUTING CAUSE OF (IF EITHER NOT IFY MEDICAL EXAM) 218 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO)WN	COUNTY S		
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vitate Dept	22b. SIGNATURE	alm	nan	MD	PHYSICIAN X	MEDICAL STA	IAN	221. DATE SIGNED 4/21/8		
with the State	EHSANU	R RAH		S.		RK, DE		CAZA		
	Burial, Cremation, Remov (SPECIFY) Burial	AL 23b. DATE 4-24-			emetery or crematory anon Cemetery		le, Ne	W York		
OM 1/81	HICKS HOME FOR	FUNERALS	ADDRESS ELKTON	MD.	\ \ \ \	R 2 7 1983	2 GISTRA	2. Comil		

STATE OF MARYLAND

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NOFVITAL RECORDS, 301 W. PRESTON STREET, ITY MEDICAL EXAMINER: This certificate shauld be iry, please execute the certificate, writing the ward "pe of should be forwarded to the Chief Medical Examiner shauld be used as a burial-transit permit. File pages I val, and in only event within 72 haurs after death.		stoting the un last.	derlying cou	ıze (DUE TO, OR	AS A CO	NZEQUENCE	OF											
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DIVISION OF VITAL RECORDS TO DEPUTY MEDICAL EXAMI s necessary, please execute the star. Page 4 should be forwarded : Page 3 shauld be used as a bu. or removal, and in our event w		21a. EXTERNAL PRIMARY O	CAUSE WAS	NG 🗆	21b. TIME OF I HOUR A.A	INJURY M	lanth, Doy, Y	ear	21c. HOW INJU	JRY OC	CURRED (En	ter noture	af inju	ry in Port	ar Port 2,	Item 18	3.)		-
Ple ple ME	MEDICAL	CAUSE OF DEAT	H		P.A	M.	11	*											
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oy i lired les. OR: ion,		death re	sulted fron	n: N	atural caus	e	, Accide	ent 🔲,	Suicide [Homicid	е <u></u> ,	Und	etermine	d manne	r 📙			
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	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 3	1 0 :	5 4 6
36		CEASED NAME FIRST OTTO		B		MITH	April 4, 1	MONTH DAY YEAR	25. HOUR 5:15a
)	3. SE		4 RACE Whi		5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BE		EAR IF UNDER 24 HRS
n 72 hour		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF V	WHAT COUNTRY?	8. MARRIE WIDOWE		_	OR COUNTY OF DEATH	
by the funding within	10. C	enn., Point	(IF NOT IN SUCH	H FACILITY, GIVE STREET	ADDRESS)	ry Point, MD	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUST	U.S. Army
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and 2 sh	14. FA	ATHER'S NAME Pollard	MIDDLE	Smith		15. MOTHER'S MAIDEN NA Martha	WIDDLE		İrim
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set hos been sit permit.	CERTIFICATION	19a, DATE OF OPERATION	196. CONDITION FOR W		R WHICH OPERATION WAS PERFORMED		200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS USED SES OF DEATH? NO
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TO FUNERAL DIRECTOR Should be deteched with the Stote Dept.		220. SIGNATURE O G GULL 22d. PHYSICIAN'S NAME (TYP	E OR PRINT	tum	4	DEGREE ATTENDING PHYSICIAN [220. ADDRESS	MEDICAL STA	AFF CIAN 🖔	4-5-83
TO FUN should b with the	23e. I	JOAQUIN GA	AL 236 DATE		NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	Land Ad
16 50M 4/82 A 15, 4)	14	ee A Parterson	500	erryvill		250 DA	R 1 1 1983		PATURE Chief

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	1.	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 3	10	5 4	7	
	(TYPE		<i>th</i>	AIDDLE	Sim	ith	20. DATE OF DEATH MONTH, DAY YEAR 26. HOUR 4/26/83 553 M				
,	3. SE.	Female	Cauc.		5. DATE C		6 AGE (IN YEARS LAST BIR	THEAT) IF UNDER	DAYS HOURS	DER 24 HRS MIN.	
6	No. 3	mingle (STATE OR FOREIGN New Castle	USA,	WHAT COUNTRY?	MARRIEI WIDOWE	_	BALTIMORE CHEY O		ATH CO	MD.	
0/		kton, Maryland	(IF NOT IN SUCI	OSPITAL, NURSING HEACILITY, GIVE STREET A HOSP I tal		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF FICE Man	F WORKING LIFE) IND	KIND OF BUSII USTRY	NESS OR	
35	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	YTY	GIVE RESIDENCE BEFORE A 13c. CITY OR TOWN Chesapeak	1	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 19 Riverv		2191	3	
2	14. FA	THER'S NAME Frank	WIGDLE	Taylor		Annie		Tavlo	LAST		
1		VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES)	166 SOCIAL SECUR 221-07-36		Warren Taylo		burgh Dr.		i ng tor	
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		andio -	Il ne	may Fail	ue.	Carlina BE	TWEEN ONSET AN	ERVAL ND DEATH	
		Canditions, if any, which	DUE TO, O	ns Och seque	NCFOF	stecifil à	Pneme	-cii			
		gave rise to immediate cause (a), stating the underlying cause last.	storing the DUE TO, OPARA A CONSEQUENCE OF A MODEL . PO DE								
	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ntributing to D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN P	ART I(a)		
9	CERTIFICATION	190. DATE OF OPERATION	196 CONDI	TION FOR WHICH (PERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C YES		ATH?	
9	CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		A. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR P	ART 2)		
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		220.1 certify that (1) (this hasp saw the deceased alive ar above, (1) (we) (did) (did no	agreet	26 19	Jan	d that in (my) (our) apinian a	death accurred an the do	ate and hour and fro	that (1)	(-,	
		22b. SIGNATUR	AT .	Hay.	ley	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	DATE SIGNET	3	

BP DHMH-16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and costauld be detached for use as the burial-transit permit. Then please remove carban papers. Fallin I with the State Dept. of Health and Mental Hygiene prior ta burial, crematian, or removal.

retained by the haspital ar attending physician.

IMPORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar ather traumatic event, th

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial 24 FUNERAL DIRECTOR

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

EIKTON, Md.

Wilm., New Castle CO., Del

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DHMH - 16 50M 4/82 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME MIDDLE 2g. DATE OF DEATH FIRST 26. HOUR (TYPE OR PRINT) Seymour Spelman April 23, 1983 7:28 AM 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS MONT Male White 1917 April 66 78. BIRTHPLACE I STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY MARRIED XX NEVER MARRIED COUNTRY Cecil New York WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 17b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Perry Point VA Medical Center Perry Point, MD Legal Affairs Attorneu USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 130. STATE - 130 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN None 3028 R. Street. N. W. Washington YESXIX NOF 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Spelman Shavlinsky Isaac Jennu 17. INFORMANT 16g WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NOOR UNKNOWN) Mrs. Mary Jane Spelman (Same as # 13) 127 07 6764 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: SENILE DEMENTIA, ALZHEIMER'S TYPE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19s. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 3-28-220.1 certify that XI) (this haspital) attended the deceased fram. 19 83 saw the deceased alive an ___, and that in (aur) apinian death accurred an the date and hour and from the causes stated abave 30) (we) (did) 300 You view the begy after death 17h SIEDRATURE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 4-23-83 274 PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS EUGENE A. JAEGER, M.D. VA Medical Center, Perry Point, MD

230. BURIAL, CREMATION, REMOVAL 23h DATE

(SPECIFY) Burial

23c. NAME OF CEMETERY OR CREMATORY

Kesher Israel Congregation Washington

23d LOCATION STATE

DUNALD RETORSTEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W. WASHINGTON, D. C

250 DATE REC'D. BY REGISTRAR 26. REGISTRAR'S SIGNATURE

Vigor of the state
Seyver Spelman - April

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ASYY S'ESEZENEJA ALTOMENO MARTIN

SUGRESS A. JARGER, M.D. VA Mediani Center, Perry Point, ID

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME MIDDLE FIRST 20. DATE OF DEATH YEAR 2b. HOUR TYPE OR PRINTS 83 18 Stoeckle E Apr Sara 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH 1920 63 whete Mar female BIRTHPLACE (STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Cecil USA Georgia WIDOWED DIVORCED I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Union Hospital of Cecil County Sales Ladu Vent. Store Elkton OSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 84 Parkside Drive Earleville Cecil Md NO X 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME B. Potter MIDDLE Oda LAST ADDREST Lourtown 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) no 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Cirrhosis of liver with complete hepatic failure DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOCK YES [NO T 21g. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 0 21e. PLACE OF INJURY 21f LOCATION COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE arked NOT WHILE 22a.I certify that (I) (this post of the deceased from sow the deceased olive on Apr 18 and that in (my) (and opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death should be detoched for with the Stote Dept. o 22b. SIGNATURE DEGREE 19 Apr 83 ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22d Wallace Obenshaoin, M.D. 22e ACCUILton.Md. 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIEY) Burial Ikton emeteru

APR 2 5 1983

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

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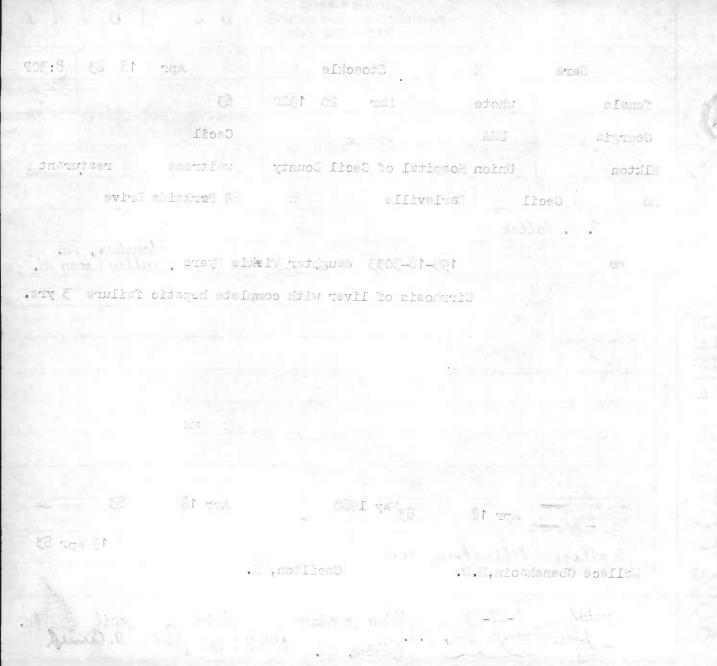
DIRECTOR:

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DHMH - 16 50M 4/82 (VRA 15, 4)

	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		5 1	0 5	5 0
	1. DECEASED NAME	FIRST	MID	DLE	l	AST	20. DATE OF DEA		DAY YEAR	2b. HOUR
	(TYPE OR PRINT)	RILEY	F		Т	HOMAS	April	18, 1983	3	8:40am
	3. SEX		RACE		S. DATE C		6. AGE (IN YEARS I	AST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
1 6	Male	100	Black		Feb.		89	YRS.	NORTHS DATS	HOURS MIN.
	70. BIRTHPLACE (STATE COUNTRY) Mississip		CITIZEN OF WI	HAT COUNTRY?	8. MARRIEI WIDOWE	NEVER MARRIED	9. BALTIMORE C	ITY <u>OR</u> COUNTY	OF DEATH	MD.
23	Perry Poin		(IF NOT IN SUCH F	SPITAL, NURSIN ACILITY, GIVE STREET dical Ce	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR	MOST OF WORKING LIF		F BUSINESS OR
THE DE	USUAL RESIDENCE (#1) 130. STATE D.C. 14. FATHER'S NAME	NURSING HOME OR OTH	ER INSTITUTION, GI		E ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 1	13e. STREET ADDI 1436 Le		ad N.W.	199
100	Riley F.	Thomas	DLE	LAST		Katie Jon	es AIE	DDLE	LAST	
3	160. WAS DECEASED ET		AR OR DATES)	578-48-1		17. INFORMANT Charlotte Th			hington Rd.N.L	*
IMPORTANT: If them 21 is marked ar them 18 shows any injury, ar ather troumatic event, the	1 - 1	immediate lating the base last.	DUE TO, OR A	AS A CONSEQUINATERISM TO STATE OF PROS	ve he	art failure v tic heart dis NOT RELATED TO THE TER no residuals N WAS PERFORMED	Sease, Sel	CONDITION GIV	EN IN PART 10	IGS USED
18 34	00.000.000.000.000.00	CAUSE OF DEATH	216. TIME OF I HOUR A.M. P.M.	INJURY MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE	OF INJURY IN ITEM 18 P	ART 1 OR PART 2)	
rked or He	21d. INJURY OCC	URRED	21e. PLACE OF	INJURY T, FACTORY, OFFICE, I		21f LOCATION STREET	CIT	Y OR TOWN	COUNTY	STATE
n 21 is ma	****		ottended the	deceased from_ xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	XXXXX	nd that in (my) (our) apinio	, toApr		r and from the	
TANT: # #e	louge	226. SIGNATURE 104941 226/PHYSICIAN'S NAME (TYPE OF PRINT)				ATTENDING PHYSICIAN 220. ADDRESS	MEDICAL DIRECTOR F			or 1983
MPOR		GARCIA,		100	111115 05 3	VA Medical			int, Mo	1
9	230. BURIAL, CREMATION (SPECIFY) Buria	1	23b. DATE 21 Apr	and the second		EMETERY OR CREMATORY Memorial Ce	Suitle	and Pr. G	COUNTY	STATE
/82	24. FUNERAL DIRECTO	R	74	100 Gear	gia A	ve.N.W. 250 D	PR 2 2 198	STRAR 256 AGGIST	RAR'S STGNAT	URE LANGE

TEST , I I I MILL Mon.I.E Physician eicel . . the street of a Matte Tones I POMIT . VOE! . S.B. nothnaider You thomas, will be the Thomas, will known the Thomas, will known the Thomas, will be the Thomas, which is the the Thomas, which is the Thomas of 2197 con 0; Links and the Test of נידב ג בי פר פר לברימאש או די וו נוצל זרא, רו ברדכתב, יכי.

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DEPARTMENT	OF	HE	AL	TH	AND	M
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1	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO)]	2 1	
	CEASED NAME	FIRST	,	MIDDLE	t.	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
(TYPI	B B	ESSIE	N	۷.	TH	OMPSON	April 20	, 1983		D • A	
3. SE	X	4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		DER 1 YEAR	IF UNDER 24 HRS	
F	emale		White		Apri	1 14, 1905	78	YRS.		HOURS MIN.	
	IRTHPLACE (STATE ORF COUNTRY) St Virginia		CITIZEN OF	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF Cec 11	R COUNTY OF D	EATH	MI	
10. C	Elkton	TH 1	1. NAME OF P	HOSPITAL, NURSING HEACILITY, GIVE STREET A	G HOME C ADDRESS) d	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Nannette	ON 12 F WORKING LIFE) IN Mfg • CO	b. KIND C IDUSTRY C]	of Business Or Lothing	
130.	AL RESIDENCE (# NURS STATE aryland	136 COUNT Cec i	Υ	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Elkton		13d. INSIDE CITY LIMITS? YES NO		ay Road		21921	
14. F/	James	MI	IDDLE	Patterso	on	15. MOTHER'S MAIDEN NA FIRST	ME MIDDLE		LAS	51	
	WAS DECEASED EVER (YES, NO OR UNKNOWN)		ED FORCES? WAR OR DATES)	166. SOCIAL SECUI 216-18-78		21					
7	gave rise to imm couse (o), statin underlying couse PART 2. OTHER SIGN	g the lost.	((c)	R AS A CONSEQUE	راص	NOT RELATED TO THE TERM	Dec Leh	DITION GIVEN IN	PART II	0	
CERTIFICATION	19a. DATE OF OPERA				OPERATIO	N WAS PERFORMED	20a. AUTOPSY? YES NO		NGS USED S OF DEATH?		
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEAT		DF INJURY M. MONTH DA M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 C	OR PART 2)		
MEDICAL	21d. INJURY OCCUR	OLE	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	21f. LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE	
1	sow the decease	l certify that (I) (this haspital) attended the deceased from sow the deceased alive on ANUL 1983, obove, (I) (we) Idid Idid not were the body after death.				nd that in (my) (our) opinion DEGREE			from the	SIGNED	
		1	1	Col	7	PHYSICIAN	MEDICAL STAF	IAN	4-2	22-83	
	22d. PHYSICIAN'S N. Ernesto			I.D.		200 Bow St	reet, Elkto	on, Md.	2192	1	
220	Ernesto	M. Ab		I.D.	JAME OF C			on, Md.	2192	1	

DHMH - 16 50M 4/B2 (VRA 15, 4)

BURIAL, CREMATION (SPECIFY) Cremation 4-23-83

CITY OR TOWN ory, West Chester, Pa Crematory, Pa.19380

ELKTON, MD. 21921

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+	1 -	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	0 0	1	0	5 5	5 2
	1. DE	CEASED NAME	FIRST		MIDDLE		AST	REG. N	O. MONTH DA	Y YEAR	Zb. HOL	IR.
of 3		OR PRINTS	javere	110 .	Snelling		Iruslow	,		1983	1	**
	3 SE			RACE	recorry	5. DATE C	F BIRTH	6 AGE (IN YEARS LAST BIR		UNDER I YEAR		R 24 HRS
(M)		temale		Wh	ite	Jan		80	YRS.	OAYS	HOURS	MIN
1000	2 01	RTHPLACE (STATE OR FO	REIGN 76	CITIZEN OF	what country? A•	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY C		F DEATH		MD
s after d	10 CI	Perreville			HOSPITAL, NURSING STREET	ADDRESS)	ROTHER INSTITUTION Road	120 USUAL OCCUPAT (TYPE OF WORK FOR MOSTO HOUSE		12h KIND INDUSTRY	OF BUSIN	ESS OR
24 hour	130,5	AL RESIDENCE (IF NURSI	136 COUNTY	,	134 CITY OR TOW	N, ,	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	thedali	Roc	nd.2/	903
ithin ithin	14. F.A	THER'S NAME	a MIDI		1467		15 MOTHER'S MAIDEN NA					
mpletely ond 2 s exomine		Robert	Lei		Snellin	ig.	Margaret	WIODE		Box	utchy	and
ond co	16a V	VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECT	IRITY NO.	17 INFORMANT	ADDRI	ESS			
be e		No			Unknown		Robert L. In	uslow, (olon	as Mari	yland.		
certificate ding physic promopope or removal		PART I. DEATH W.	I (Enter only on AS CAUSED BIMMEDIATE C	CAUSE (o)	PR AS A CONSEQUE	diaz	decompensa	tin		BETWEEN	NONSET AND	
death attendi		Conditions, if any,		(1b)_	ONE		erotic cardio	Mascular d	leseasa	5	2 AVAR	-
that the c d by the c lease remain tol, cremain		gove rise to imm couse (a), stating underlying couse	g the '	DUE TO, O	PR AS A CONSEQU	ENCE OF					0	
equires in signe Then pl r to bur injury, (NO	PART 2 OTHER SIGN	IFICANT COI	dialis c	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON				
hos berming be	CERTIFICATION	196 DATE OF OPERAT		1		OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, YES YES	ING CAUSE	S OF DEA	TH?
Sician The physicia certificate ricol-tronsit entol Hygin them 18 she		216 ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA	AUSE OF DEATH	21h TIME C HOUR A		AY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAR	I I OR PART 2)		
VG PHYS offendir her this sthe bu h ond M.	MEDICAL	21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	IILE 🗀	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)	21f LOCATION STREET	CITY OR TO	VN	COUNTY	S	STATE
Spital or Spital or CTOR A I for use of Health		22s.1 certify that (I) sow the decease above, (I) (we) (d	d alive on	4-	10	83.8	d that in (my) (our) opinion o	deoth occurred on the d	, 19 ote and hour o	and from the	, that (I) (e couses st	
y the hoy the hoy the hogher detached detached to the Dept.		276 SIGNATURE	PRS	PL	12	MØ	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		220 DAT	5-8	B
TO HOSPITAL TO FUNERAL should be de with the State			R. Jay	ylor J.			Haines Ave.		sing Si	in Md.	2191	
	23a. E	URIAL, CREMATION, I	REMOVAL	23b. DATE		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	6	OUNTY	ST	TATE
DHMH-16 20M (VRA 15, 4) 7/78	i to	EA. The	USEN.	April	4 5055)	Abury	Cemetery 250 DATE AP	R 1 1 1983	ST RECISTRA	ecil, l	ATURE	and

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funeral director, page 3 thin 72 hours after death

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		- CRITI	TORIL OF PERIII	REG. NO	٥.	
I. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
EST	ELLA F. YOKO	DIS			April 3, 1	983 7:00A
3. SEX	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YEA	
Female	Cau.	Fel		60	YRS.	S HOURS MIN.
Ja. BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT	COUNTRY?	ED NEVER MARRIED	_	R COUNTY OF DEATH	
Penna.	U.S.A.	WIDOW		Cecil C	ounty	MD.
10. CITY OR TOWN OF DEATH			OR OTHER INSTITUTION	120. USUAL OCCUPATION		OF BUSINESS OR
Perry Point, Md.	VA Medi	cal street Cente	r	Ret. US A		Nurse
USUAL RESIDENCE (IF NURSING HOME OF 130. STATE		IDENCE BEFORE ADMISSION) TY OR TOWN	1134 INSIDE CITY LIMITS?	13e. STREET ADDRESS	21	CAL
		lisbury	YES TO NO		gnolia Dr	201
14. FATHER'S NAME			15. MOTHER'S MAIDEN NA		9	•
FIRST	MIDDLE	LAST	FIRST	MIDDLE		AST
John 16a WAS DECEASED EVER IN U.S. A		OKOIS ST.	Frances 17 INFORMANT	ADDRE	Racja	C
(YES, NO OR UNKNOWN) (IF YES, G	VE WAR OR DATES)	L 12 8103		y Point, Ma		
Yes Kor	ean 22.	12 0105	VARIO, TELL	y louit, na		
18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	ED DV				BETWEEN	NONSET AND DEATH
	TE CAUSE (a)S	udden card	iac arrest			
4149	DUE TO, OR AS A	CONSEQUENCE OF				
Canditians, if ony, which			ongestion and	edema		
gave rise to immediate cause (a), stating the	DUE TO OR AS A	CONSEQUENCE OF			51.	
underlying couse lost.			rotic coronary	v artery dis	ease, focal	•
PART 2. OTHER SIGNIFICANT						
	-					
₹ 19a. DATE OF OPERATION		OR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIND	INGS USED
Carcinoma O				YESXX NOT	IN CERTIFYING CAUSE	S OF DEATH?
210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJUI	RY	21c. HOW INJURY OCCUR	7421		
OR CONTRIBUTING CAUSE OF DE						
OR CONTRIBUTING CAUSE OF DI OF CONTRIBUTING	P.M.	19	211, LOCATION			
WHILE NOT WHILE		ORY, OFFICE, FARM, ETC.)	STREET	CITY OR TOV	wn County	STATE
AT WORK NOT WHILE						1. 1. 8. 25
22a. I certify the CCC this hosp		0 00	<u>3-14-</u> , 19 <u>83</u>	, to		, tho KK (we) lost
saw the deceased olive o above, (1) (we) (did) (did)	twiew the body after de	3- 19 83 , o	nd that in 🏧 (our) opinion	deoth occurred on the da	ite ond hour ond fram th	ne causes stated
226. SIGNATURE	a of	/	DEGREE			E SIGNED
((au (+	En Xelly	meD. 1	ATTENDING PHYSICIAN	MEDICAL STAF		1-83
224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			
K. K. LEUNG,	M.D.		VAMC, Per	cry Point, M	aryrand	

DHMH - 16 50M 4/B2

BP.

retained by the hospital or attending physicion.

TO HOSPITAL OR

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and camplete should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, or remayal.

injury, or other troumotic event, th

MPORTANT: If them 21 is morked or them-18 shows ony

24 FUNERAL DIRECTOR
Faries Fund Funeral Home, Dover, Delaware (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

23d. LOCATION
CITY OF TOWN
DOVER Cross Cemetery Dover Kent Dover K Holy

23c. NAME OF CEMETERY OR CREMATORY

Kent

Del

23b. DATE

E C 1 C STREET TO SHOW THE STREET

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